

**Town of Cheshire
Community Pool Pass Application Form**

Senior Pool Pass

Pass Holder Information

Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Alternate Phone: _____

Birthdate: _____

Important Medical Information

Emergency Contacts

Primary Contact

Name: _____ Relation: _____ City: _____

Primary Phone: _____ Alternate Phone: _____

Alternate Contact

Name: _____ Relation: _____ City: _____

Primary Phone: _____ Alternate Phone: _____

Office Use Only

Date Filed: _____

Amount Paid: _____

Received By: _____

Cash

Check No. _____

Credit Card _____