



Salmo Valley Swimming Pool 2018 – Passes Application Form

Information:

Primary Name: _____

Address: _____

Email: _____

Phone #: _____ Alt Phone #: _____

Type of Pass: _____

Name and Ages of Family Members For This Pass*	M/F
1)	
2)	
3)	
4)	
5)	

- Family consists of mother, father, and children *

Any Medical Information we should know (Asthma, Allergies):

SIGNATURE: _____

OFFICE USE ONLY:

Term of Pass	Adult	Student/Senior	Child	Family
1 month	\$35.00	\$30.00	\$25.00	\$75.00
2 month	\$65.00	\$55.00	\$48.00	\$130.00
3 month	\$90.00*	\$80.00*	\$65.00*	\$180.00*

*Indicates best deal

Total Cost: _____ Total

Date (m/d/y): _____

Method of Payment: Cash Cheque#