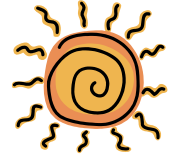




West Burlington Swimming Pool 2025 Season Pass Application



RATES: Individual Season Pass \$75+tax (\$80.25)

Requirements:

1. The person listed on the pass is the only individual authorized to use it. No exceptions.
2. Proof of identity may be required
3. Pool Passes will be revoked if used improperly
4. No refunds will be issued for season passes
5. A fee will be charged to replace season passes that are lost or stolen
6. Report lost or stolen season passes to the Pool Staff immediately

APPLICANT NAME

FIRST NAME: _____ LAST NAME: _____

NAME OF SCHOOL (If applicable): _____ AGE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

PARENT/GUARDIAN NAME (IF APPLICANT IS A MINOR): _____

PARENT/GUARDIAN PHONE (IF APPLICANT IS A MINOR): _____

EMERGENCY CONTACT DURING POOL HOURS

NAME: _____ RELATIONSHIP TO APPLICANT: _____

PHONE: _____

I agree to follow all facility rules and use the season pass for my own personal use only. I understand that my season pass will be revoked and no refund will be issued if the City of West Burlington determines that the information on this application is incorrect or if the season pass is used improperly.

Applicant Signature: _____ Date: _____

Parent Signature (IF APPLICANT IS A MINOR): _____ Date: _____