

2024 Bellevue Memorial Park Pool Season Pass Application

(Photo identification is required for pool membership purchase.)

| | | |
|---|---------------------------------------|--------------|
| Last Name | First Name | |
| Address | | |
| Email Address | | |
| Phone # | Emergency # | |
| Residency: | Bellevue, Avalon or Ross (circle one) | Non-Resident |
| Child, under 4 years | free | free |
| Youth, 4-17 Years | \$75 | \$110 |
| Adult, 18-62 Years | \$90 | \$125 |
| Senior, over 62 Years | \$55 | \$80 |
| 1 Adult + 1 Child/Youth in same household | \$110 | \$200 |
| Family, 2 Adults + 2 Children/Youth, same household | \$175 | \$250 |
| Each Additional Child or Youth with Family Pass | \$25 | \$25 |
| TOTAL AMOUNT DUE | | |

Photographs will be taken for each pass at time of purchase or first time the pass is used.

| | | | |
|------|----------------|------------------------|-------------------|
| Name | Adult or Youth | ID Required for Adults | Membership Number |
| Name | Adult or Youth | ID Required for Adults | Membership Number |
| Name | Youth | | Membership Number |
| Name | Youth | | Membership Number |
| Name | Adult or Youth | Additional Fees Apply | Membership Number |

Signature

Date

I certify that the above information is true and accurate and I understand that any misrepresentation or misuse of the pass or facility may result in revocation of the season pass with no refund.

* For Bellevue Staff Use Only *

| Payment | Amount | Date | Type | Receipt # |
|---------|--------|------|------|-----------|
| Amount | _____ | | | |

Lot/Block # / Residency

Payment Received By:

Date: