





Pool Application

How do I receive my pool passes?



Scan QR code to apply now!

Apply online at: https://swimmingpoolpasses.net/city-of-brookings

OR

Bring this pool application to the pool.

Household Members

Auuless		Gity	State	ъih
Important: F	Please label each image	(Use additional pages if needed	d) State	 Zip
□ I :	have enclosed a picture	☐ I have en	nclosed a picture	
Date	of Birth	Date of Birt	Date of Birth	
Last Name		Last Name	Last Name	
First Name		First Name		_
	Image (can be any size)	(ca	Image an be any size)	
	I have enclosed a picture	☐ I have en	nclosed a picture	
Dat	re of Birth	Date of Birth		_
Last Name		Last Name	Last Name	
Firs	st Name	First Name		_
	Image (can be any size)	(ca	Image nn be any size)	

Proof of Residency

Residents are required to provide proof of re	sidency. Attach copy of drive	er's license or voter card.	
☐ I am attaching proof of residency.			
☐ I certify I live within the city limits of Bro	okings to qualify for the "res	sident" rate (if resident)	
Emergency Contact			
Name		Phone	
Membership Type	Select One		
Single: Resident			
Single: Non-Resident			
Family: Resident			
Family: Non-Resident			
		# of Family Members	
Single Membership Age Groups	Select One (if applica	Select One (if applicable)	
Youth (4-17)			
Adult (18-64)			
Senior (65+)			
Length of your single membership	Select One (if applica	ble)	
30 Day			
Full Season			
Membership Fees (see attachment)		 Total	

Name Date Final Checklist I have completed the entire Pool Application. I have attached Proof of Residency. For each member of my household....

Bring the above items to the pool:

☐ I have attached my profile image(s) and <u>labeled each one</u>.

1130 Ransom Ave. Brookings, OR

Signature