



Application for Swimming Pool Pass

Introduction

Use this form to apply for a yearly, monthly or six monthly swimming pool pass to Ashfield Council Aquatic Centre.

The Aquatic Centre is located on the corner of Elizabeth St and Frederick St, Ashfield.

A passport size photo is required for each applicant when submitting this Form.

Pool passes must be presented upon entry.
All pool entry passes are non-refundable and non-transferable.

Replacement Annual, 6-Monthly, Monthly Passes incur a fee.

Fees	Yearly Pass	Six Monthly Pass	Monthly Pass
This fee is valid until 30 June 2012 unless changed prior by resolution of Council.	Child Pass (4-12 years of age) <input type="checkbox"/> \$381.80 Cashier code (810)	<input type="checkbox"/> \$224.70 Cashier code (814)	<input type="checkbox"/> \$71.40 Cashier code (818)
	Adult/Youth Pass <input type="checkbox"/> \$424.10 Cashier code (808)	<input type="checkbox"/> \$249.60 Cashier code (812)	<input type="checkbox"/> \$79.40 Cashier code (816)
	Family Pass (Up to 4 persons including no more than 2 adults; children are aged between 4-12 years) <input type="checkbox"/> \$756.20 Cashier code (809)	<input type="checkbox"/> \$445.00 Cashier code (813)	<input type="checkbox"/> \$141.60 Cashier code (817)
	Additional Child/Youth for Family Pass Only (4-12 years) <input type="checkbox"/> \$197.80 Cashier code (809)	<input type="checkbox"/> \$116.40 Cashier code (813)	<input type="checkbox"/> \$37.00 Cashier code (817)
	Resident Pensioner Card Holders <input type="checkbox"/> \$318.40 Cashier code (811)	<input type="checkbox"/> \$187.30 Cashier code (815)	<input type="checkbox"/> \$59.60 Cashier code (819)
	Resident Seniors Card Holders <input type="checkbox"/> \$381.80 Cashier code (811)	<input type="checkbox"/> \$224.70 Cashier code (815)	<input type="checkbox"/> \$71.40 Cashier code (819)

Applicant Details

A passport size photo is required for each applicant when submitting this form.

First Name: (1) (2) (3) (4)

Surname:

Address: **Suburb:**

Postcode: **Telephone:**

Signature

Signature: **Date:**

OFFICE USE	Amount Paid	Receipt Number	Date	CSO	Number
	\$				

Privacy Notification: The personal information you have supplied on this form assists Council Officers in determining your application. The supply of information is voluntary. If you do not provide all details requested, Council may be unable to process your application. The details you provide are stored at Council Offices and are not made publicly available. For more information about your privacy please contact Ashfield Council on 9716 1800.