



APPLICATION FOR SWIMMING POOL SEASON PASS

PO Box 11 Kyogle NSW 2474

Phone: 02 6632 1611

Email: council@kyogle.nsw.gov.au

NAME/S (as shown on Medicare card)

SWIMMING POOL

☐ Bonalbo

☐ Kyogle

☐ Woodenbong

PASS TYPE

☐ Family Season Pass

☐ Pension Family Season Pass

☐ Adult Season Pass

☐ Pensioner Season Pass

☐ Child Season Pass

☐ Family ½ Season Pass

☐ Pension Family ½ Season Pass

☐ Adult ½ Season Pass

☐ Pensioner ½ Season Pass

☐ Child ½ Season Pass

☐ Family Holiday Pass

☐ Adult Holiday Pass

☐ Pensioner Holiday Pass

☐ Child Holiday Pass

NUMBER OF CARDS REQUIRED FOR FAMILY PASS (10 YEARS OR OLDER):

EMERGENCY CONTACT:

PHONE NO:

FAMILY DOCTOR:

PHONE NO:

I, authorise any necessary medical attention to be sought on behalf of any person named on this application form in the case of an emergency at the Bonalbo / Kyogle / Woodenbong swimming pool.

I understand that children 10 years and under must be accompanied by a responsible person aged 16 years or older and that unaccompanied children 10 years and under will be kept out of the water.

APPLICANT NAME:

PHONE NO:

APPLICANT SIGNATURE:

DATE:

TERMS AND CONDITIONS:

Passes are available for collection from Council's Administration Building at 1 Stratheden Street, Kyogle, or at your nominated swimming pool.

Passes are to be collected from the location they were purchased.

Please allow one week for delivery to swimming pools.

EFTPOS facilities are available at Council's administration building.

Cash only at the swimming pools.

For Family Passes, Family is defined as those listed on the Medicare Card Only.

The Holiday Pass covers school holidays and public holidays only.

OFFICE USE ONLY	
<input type="checkbox"/> Council Administration Building	<input type="checkbox"/> Bonalbo Swimming Pool
<input type="checkbox"/> Kyogle Swimming Pool	<input type="checkbox"/> Woodenbong Swimming Pool
RECEIPT NO:	DATE RECEIVED:
AMOUNT PAID:	
MEDICARE CARD SIGHTED:	PENSIONER CARD SIGHTED:
SIGNATURE OF RECEIPTING OFFICER:	