# 2008 ST. CHARLES PARKS AND RECREATION
# AQUATIC SEASON PASS APPLICATION

Two of these three types of ID are required when verifying residency: PASS #_____
_____Driver's License _____Utility Bill _____Property Tax

**(Please mail the park a copy of two out of the three listed above. You must be a city resident to receive the resident rate).**

Name of
Applicant_____

Address_____

City_____ Zip_____ Home Phone_____ Work Phone_____

Only parents and their children 18 years of age and younger, living at the above address are eligible to be placed on the family pool pass. Only immediate family members are eligible, not grandparents, sisters, and other relatives. If you are verified as a non-city resident, you must pay the non-resident fee.

| Name | Age | Birthdate | Eye Color | Hair Color | Relationship |
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We will mail them to you prior to May 10. After May 9, you need to register in person at the Park Office 8 am to 5 pm. Monday through Friday.

Checks should be made payable to: St. Charles Parks Department
1900 W. Randolph, St. Charles, MO 63301

I understand that the passes requested are non-transferable and may not be used by anyone other than the individuals named on the application. I further understand that this or all the passes are revocable for good cause and agree to abide by all the pool rules. I also understand the pool regulations, hours of operation and schedules and state that all the information listed on this application to be true and accurate.
Signature_____Date_____

*****************************PLEASE SEND MY PARK PASSPORT BY MAIL YES_____ NO_____***

**For Office Use Only:**
Resident Pass_____ Non-Resident Pass_____ Date_____ Rec'd By_____
Type of payment: Cash _____ Check #_____ MasterCard/Visa_____
Amount_____ Pass Issued: Family_____ Adult_____ Child_____

| **FEES:** | **RESIDENT** | **NON-RESIDENT** |
|---|---|---|
| Family | $190 | $230 |
| Adult | $ 90 | $110 |
| Child | $ 75 | $ 90 |