



Application for Reduced Fee for Aquatics Season Pool Pass

Parent/Guardian Name _____

Address _____ Home or Cell Phone _____

Email address: _____

Employer(s) Name _____ Work Phone _____

Name _____ Work Phone _____

Extenuating Circumstances?

_____ Unemployment _____ Extensive Hospital Bills _____ Other _____

(please explain)

Name of youth age(s) 3-18

Date of Birth

1. _____

2. _____

3. _____

Applicant's (Parent/Guardian) Current Monthly Income \$ _____

Applicant's Current Annual Gross Income as reported on income tax return form \$ _____

Please Note: any other earned or unearned income such as child support, alimony, reserve pay, retirement, food stamps, Public Aid, AFDC payments, etc. (attach Public Aid form)

Other income source and amount _____

Other income source and amount _____

Number of individuals residing at above address: Adults _____ Children _____

*Submit with your application Proof of Residency and Proof of Income

I certify that all of the above information is true and correct and that all income is reported. Bloomington Parks and Recreation Department staff may verify the information.

Parent/Guardian Signature _____

Date _____

Office Use Only

Amount Waived _____

Registered date _____

Amount owed to department _____

Actual Pass fee _____

Date paid _____