



TOCAL COLLEGE POOL PASS APPLICATION

PURCHASERS DETAILS	
Name	
Address	
Phone Number	
Email Address	

Type of Pass Required	<input type="checkbox"/> Family - \$325 <input type="checkbox"/> Adult - \$160 <input type="checkbox"/> Child - \$125 <input type="checkbox"/> Visitor - \$10
Date Valid From	25 September 2023
Date Valid To	29 April 2024
Total Cost	

PEOPLE TO BE COVERED BY PASS	Name	Ticket Number
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		
Person 6		

I _____ agree that I have read the Tocal Community Pool terms and conditions and agree to comply by them.

Signed _____ Date _____

OFFICE USE ONLY

<input type="checkbox"/> Drivers Licence Sighted		<input type="checkbox"/> Terms & Conditions Given to Purchaser
Amount \$	Receipt No:	Date Processed
<input type="checkbox"/> EFTPOS	<input type="checkbox"/> Pass Holder attached to visitor pass no _____	