

Windber Recreational Park - Pool Pass Application

***Please sign and return this completed form with payment to:

Windber Borough Municipal Authority
1605 Graham Ave
Windber, PA 15963
Phone: (814) 467-6696

Family Pool
Pass

Single Adult
Pass

Single Youth
Pass

Senior Citizen
Pass

Last Name: _____ Contact Number (required): _____

Address: _____

Township/Borough: _____

Please list names of ALL FAMILY MEMBERS included in this membership. All information below must be provided.

1. Name: _____ DOB: _____

2. Name: _____ DOB: _____

3. Name: _____ DOB: _____

4. Name: _____ DOB: _____

5. Name: _____ DOB: _____

6. Name: _____ DOB: _____

Pass Add-ons

Grandparent Pass

Babysitter Pass

Full Name: _____ DOB(18 yrs or older for Babysitter Pass): _____

Address: _____ Contact Number: _____

I certify that all of the above information is true and accurate.

Signature (legal adult): _____ Date Purchased: _____

OFFICE USE ONLY

Date Received: _____ Amount Paid: \$ _____ Payment Type: _____

Membership Number: _____ Processed by: _____