



**City of Delphos  
2024  
May Pre-Sale  
Pool Pass  
Application**

**May 4, 2024  
9 a.m. to 12 p.m.  
At the Swimming Pool Gate house  
\$50.00**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current School Year: \_\_\_\_\_

Emergency Name and Contact Number: \_\_\_\_\_

Pass No. \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge. I also understand that I must follow all rules and staff and failure to do so could result in loss of swimming privileges.

Signature: \_\_\_\_\_