**2023 Town of Ashland Pool Pass Application**
**PO Box 1600 Ashland, VA 23005**
**(804) 798-9219 (office) (804) 798-2520 (pool weather hotline)**

**Applicant Information**

Last Name: _____ First Name: _____

Address: _____

City: _____Zip: _____

Home Phone: _____ Work/Other Phone: _____

E-mail Address: _____

2022 Member: YES* NO (Circle One)
**Returning members: enter your key tag number(s) in the chart below. If you do not have your keytag from last year, please leave the keytag column blank. You will be issued a new key tag, which you can pick up from the pool at your first visit.*

**Emergency Contact Information**

Last Name: _____ First Name: _____

Home Phone: _____ Work/Other Phone: _____

List the first and last name of the applicant and immediate family members living within the same household (dependents under the care of the head of household):

| Name | Birth Date | Key Tag # |
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