



Bassano Swimming Pool Pass Holder Registration Form

Pass Holder Information

Pass Holder Name _____

Phone _____ Other Phone _____

Mailing Address _____ Town _____ Postal Code _____

Emergency Contact _____ Phone _____ Other _____

Pass Information

Pass Type	Purchase Date	Amount Paid	Receipt #	Employee Initial

Other members associated with pass (other than the pass holder) Only applicable for Family Passes up to 5 people. Immediate family/within the same household.

Name	Age	Employee Initial



Bassano Swimming Pool
253 6th Ave, Bassano, AB T0J 0B0
Ph (403) 641-4025 Fax (403) 641-2585
Website: www.bassano.ca



The personal information requested on this form is being collected for the purpose of course/seminar registration under the authority of the Freedom of Information and Protection of Privacy Act (FOIPP). If you have any questions about the collection of this information, please contact our FOIPP Coordinator at the Town Office (403) 641-3788