



TATIARA DISTRICT COUNCIL

2018/2019 SEASON TICKET APPLICATION FORM

Tatiara District Memorial Pools

Single:

\$135.00

Family (2-4 Persons):

\$215.00

Family (5+ Persons):

\$230.00

APPLY AT:

Bordertown Council Office

43 Woolshed Street
(PO Box 346)
Bordertown SA 2568

Ph: (08) 8752 1044
Fax: (08) 8752 1442

Email: office@tatiara.sa.gov.au

Keith Council Office

34 Hender Street
(PO Box 65)
Keith SA 5267

Ph: (08) 8755 3347
Fax: (08) 8755 3354

Website: www.tatiara.sa.gov.au

Name: _____

Phone: (Mobile) _____ (Home) _____

Postal Address: _____

Email: _____

I/We hereby apply for a **FAMILY / SINGLE** season ticket for use at both the Bordertown & Keith Swimming Pools for season 2018/2019. In doing so, I acknowledge that the persons listed below:

- are part of my immediate family and I understand that any abuse of this season ticket may, at the discretion of the Pool Manager, involve its surrender.
- agree to abide by the Swimming Pool Regulations (see attached).

Surname	Give Name(s)	Age (If Under 18)	Membership Number Given

Signed: _____ Date: / /

<i>OFFICE USE ONLY</i>		
<input type="checkbox"/> Payment Received (G/L: 1650251)	Receipt Number: _____	<input type="checkbox"/> Entered Details on Spreadsheet