



IMPORTANT
USE OF THE POOL IS SUBJECT TO THE PURCHASE OF A SEASON PASS WHICH IS AN AGREEMENT TO TERMS AND CONDITIONS OF USE

2021-22 Season Tocal POOL SEASON PASS APPLICATION

Name: Ph:
Address:
Emergency Contact: Ph:
Relationship:

I, agree that I have read the Tocal Pool Terms and Conditions and agree to comply with them.
Signed: Date:

Table with 2 columns and 3 rows for applicant details. Each row contains Name, Age, Double Vaccinated status, and Ticket No.

Office Use Only
Payment: Cash [] EFT [] Chq [] (PLEASE MAKE CHQ PAYABLE TO DEPT PRIMARY INDUSTRIES)
Amount: \$ Date:
Receipt No: Staff Member:
Medicare Card sighted [] Driving Licence sighted [] T & C signed []