



Coralville Parks & Recreation Department Rec Facility Pass Application

Youth Information

First: _____ Last: _____

Gender: Female _____ Male _____ Birthdate: ____/____/____

School: _____ Grade: _____

Parent/Guardian Information

First: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: () _____ Secondary Phone: () _____

Email Address: _____

Gender: Female _____ Male _____ Birthdate: ____/____/____

I hereby allow my child to have their photo taken to receive a Coralville Parks & Recreation Department Facility Pass. I acknowledge that the pass issued **must be presented** upon entering the Facility. I acknowledge the initial pass is at no fee and any replacements cards are \$5. The Coralville Parks & Recreation Department is not responsible for any lost or stolen passes. Children in 4th Grade and younger must be accompanied and supervised by an adult or guardian.

Parent Signature: _____ Date: ____/____/____

For Office Use Only

Pass #:		Date Issued:	
Issued By:			