

## Bellevue Pool Pass Information

Passes are available at the Borough Hall from 7:00 AM – 5:00 PM Monday – Friday and 7:00 AM – 7:00 PM on Tuesdays.

Daily admission passes are available at the pool during regular business hours.

Patrons may be asked to provide the following to verify immediate family members and residency:  
Birth certificate, proof of ID, and proof of residency

**PASS MUST BE SECURED ON SUIT, TOWEL OR BAG**

*Checks Payable to Borough of Bellevue*

537 Bayne Avenue  
Bellevue, PA 15202  
(412)-766-6164

Bellevue Pool: (412)-931-6111

**Hours:**

**June 11<sup>th</sup> – August 19<sup>th</sup>**

**Monday - Friday 12:00 PM-7:30PM**

**Saturday-Sunday 1:00 PM-6:00 PM**

**August 20<sup>th</sup> – August 28<sup>th</sup>**

**1:00 PM – 6:00 PM Daily**

**Labor Day Weekend (Sept. 3<sup>rd</sup> – 5<sup>th</sup>)**

**1:00 PM – 6:00 PM**

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### 2011 SEASON POOL PASS

Received by \_\_\_\_\_

**A- Adult**

**Y-Youth**

**F-Family**

**S-Senior**

**R-Resident**

**NR-Non-resident**

Name of Patron or parent/guardian of minor: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ TOTAL AMOUNT OWED: \$ \_\_\_\_\_

The persons listed below are members of my family and make their residence at the same address.

	<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Type</u>	<u>Pass Number</u>
1.	_____	_____	____/____/____	____	____	_____
2.	_____	_____	____/____/____	____	____	_____
3.	_____	_____	____/____/____	____	____	_____
4.	_____	_____	____/____/____	____	____	_____
5.	_____	_____	____/____/____	____	____	_____
6.	_____	_____	____/____/____	____	____	_____

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

CASH: \_\_\_\_\_ CHECK: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

My signature indicates that I have not misrepresented any information on this form and I understand the Borough of Bellevue will not be held responsible for or make medical payments for any injuries that may occur during non-supervised programs, activities, or events. I understand no refunds or rain checks will be available.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_