



## Oller Trust/South Pacific County Pool Use Program Application

The Oller Trust Pool Use Program is available to Qualified Users from South Pacific County. To qualify you must provide proof of residency in the following zip code areas: **98638 (Naselle), 98614 (Chinook), 98624 (Ilwaco), 98631 (Long Beach), 98644 (Seaview), 98640 (Ocean Park), 98641 (Oysterville), and 98637 (Nachotta)**. Proof must be in the form of:

- 1.) **a government-issued photo identification** that includes **a physical address** in a qualifying zip code.
- 2.) If no physical address is included on the government-issued photo identification, the Qualified User must prove residency by presenting **a current utility bill** addressed to the person (or a verified parent, guardian, or sibling) at a **physical address** in the qualified zip codes **AND the government-issued photo identification.**

The Astoria Aquatic Center will record the name, address, phone number, and method of residency verification for each Qualified User and obtain the Qualified User's consent to record such information and to share it with the Trust.

Qualified Users may use **Drop-In Swimming and Group Swim Lesson Sessions** to be paid for by the Trust.

The Program will not cover, and the Trust will not pay for, private swim lessons, private parties, memberships, monthly passes, punch cards, food, drink or merchandise sold by the Astoria Aquatic Center.

*The Aquatic Center is not authorized to make any exceptions to these requirements. Management approval required for all requests.*

Signature of SPC Resident \_\_\_\_\_ Date \_\_\_\_\_

Primary Household Member Name		
Address 1 (No PO Box)		
Address 2 (Optional)		
City	State	Zip
Phone Number		Secondary Phone Number (Optional)
Email Address		
Birthday		Male / Female

REQUIRED OFFICE USE ONLY			
Completed application and copies of proof of residence <b>required</b> for Oller Trust approval. Do not accept without completed copies.			
Current WA ID W/ Address Match	Utility Bill Attached	Date	Manager Approval
ID Expiration Date	Other Supporting Document	Cashier	Notes:
ID Expiration Date			



**Emergency Contact Name**

Relationship

Emergency Contact Phone Number

**Additional Family Member (adult)**

**Signature**

Phone Number

Relationship

Email Address

Male/Female

Birthday

**Additional Family Member (child)**

Relationship

Birthday

Male/Female

School

School Grade

**Additional Family Member (child)**

Relationship

Birthday

Male/Female

School

School Grade

**Additional Family Member (child)**

Relationship

Birthday

Male/Female

School

School Grade

**Additional Family Member (child)**

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School

School Grade