

# SPORT PASS APPLICATION FORM

## NON-RESIDENTS

### PRIMARY ACCOUNT HOLDER INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Account Phone #: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Email: \_\_\_\_\_

### SPORTS PASS BEING PURCHASED FOR:

Primary Account Holder (noted above)  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### PASS(ES) BEING PURCHASED:

- \*Minor Hockey Pass Tourists ONLY- \$0.00  
 ID Verification: \_\_\_\_\_ Card #1 \_\_\_\_\_
- Minor Hockey Pass Area B Residents - \$310.65  
 Card #1 \_\_\_\_\_
- TMC Ice Users (Adult Sport etc) - \$310.65  
 Card #3 \_\_\_\_\_
- Trail Aquatic & Leisure Centre (swim club etc) – \$446.90  
 Card #4 \_\_\_\_\_
- Parks (softball, soccer, baseball, fastball, track & field, rugby, etc) - \$285.50  
 Card #5 \_\_\_\_\_
- \*Kootenay South Soccer (Youth) CASTLEGAR only - \$0.00  
 ID Verification: \_\_\_\_\_ Card #6 \_\_\_\_\_
- Fieldhouse (indoor tennis, floor hockey, etc) - \$38.40  
 Card #7 \_\_\_\_\_
- TMC Other (Gym users etc) - \$169.40  
 Card #8 \_\_\_\_\_
- Tourist Sports Pass (Residents outside Electoral Area B)  
 \$0.00 ID Verification: \_\_\_\_\_

**TOTAL PAYABLE** \_\_\_\_\_

\* In order for residents of specific areas to receive their sports pass at no charge, verification of residency (Driver's License or Utility Bill) will be required by the primary account holder.

I, the undersigned, on behalf of the applicant or as the applicant, recognize that sport passes are non-refundable and the monies paid are non-transferrable to another sports pass or residency card. Further I understand that a sport pass is valid for one sport season and is only valid for participation in the designated organized sport. **Passes are renewed in September of each year and are not prorated based on purchase date.**

Account Holder Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Signed \_\_\_\_\_

### OFFICE USE

- Applicant Signature on Form     Refund policy reviewed     Information entered into the PM system     Sport Pass # Printed

Date Processed: \_\_\_\_\_ Staff Person: \_\_\_\_\_