

CARD #s _____

CASH/CHECK#/DAILY _____

PROOF OF RESIDENCY _____

TOWN OF CORNWALL POOL
SWIMMING POOL PASS REGISTRATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

I understand that all pool rules must be obeyed at all times and that any infraction of the rules and regulations governing the use of the Cornwall Swimming Pool shall be cause for refusing this application or revoking the ID cards. I realize that admittance will be granted only if capacity of pool allows.

_____ Date

_____ Signature (must be 18 years of age)

CHECK ONE OF THE FOLLOWING (✓)

- RESIDENT _____
- NON-RESIDENT/SCHOOL DISTRICT _____
- NON-RESIDENT/NON-SCHOOL DISTRICT _____

List all names of family members needing pool cards along with ages of children under 18 years of age:

Name: _____ Age: _____

1. _____

2. _____

3. _____

4. _____

5. _____

(additional members at \$25.00 per card)

6. _____

7. _____