

Permit Year

Swimming Pool Party

FIRST NAME _____ MI _____ LAST NAME _____

ADDRESS _____ CITY _____ ST. _____ ZIP CODE _____

PHONE # (_____) _____ AGE _____

E-MAIL ADDRESS _____

Time & Date _____

TOTAL AMOUNT PAID IN FULL \$ _____

\$ 25.00 plus 5.00 person entering pool area

Application to:

- PLEASE READ THIS CAREFULLY
- BY SIGNING THIS ORDER FORM YOU ARE TAKING Personal RESPONSIBILITY for DAMAGE or personal injury TO YOURSELF, YOU'RE FAMILY OR OTHER guests
- PLEASE SIGN HERE

Applicant _____

Approved By _____