

**LITTLE FISHING CREEK AREA SWIMMING POOL
APPLICATION FOR POOL PASS
P.O. Box 224, Millville, PA 17846**

Primary Contact _____ Phone _____

Secondary Contact _____ Phone _____

Emergency Contact _____ Phone _____

Secondary Emergency Contact _____ Phone _____

Name (first and last)	Age	Township/Boro	Pass #
1. (Primary) _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Total number of passes sold _____ Money collected _____

My signature on this application certifies that all the information listed above is true and correct. I am assuming responsibility for the names on this pass.

I agree that all persons listed on this application will follow the pool rules and will follow all instructions from the pool manager, lifeguards and commission members. I also understand that my pass/our passes will be suspended or revoked if I/we abuse this pass in any way.

I understand that I/we assume full responsibility and will not hold the Borough of Millville, supporting communities, staff and commission members of the pool, responsible for any injury or loss that may occur while at the Little Fishing Creek Area Swimming Pool.

Primary Pass Holder _____ Date _____

POOL PASS POLICY: Each pass holder will receive a pool pass card with their name and pass number on it. This card must be presented at the front desk to gain entrance every time you use the pool. A \$1.00 fee is charged for replacement cards.

Pass approved and prepared by _____