

Little Fishing Creek Area Swimming Pool: Application for Pool Pass

Mail Application to: Little Fishing Creek Area Swimming Pool PO Box 224 Millville, PA 17846	Make Check(s) to: Millville Borough (Write LFCASP in Memo)
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Primary Contact		Phone #	
Secondary Contact		Phone #	
Emergency Contact 1		Phone #	
Emergency Contact 2		Phone #	

	First and Last Name	Age	Township/ State	Pass #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Total Number of Passes Sold: _____ Money Collected _____

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.

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, assistant manager, lifeguards and commission members. I understand that my/our passes will be suspended or revoked if I/we abuse this pass in any way. I also understand that I/we assume full responsibility and will not hold the Borough of Millville, supporting communities, staff and/or pool commission members responsible for any injury or loss that may occur at the Little Fishing Creek Area Swimming Pool.

Primary Contact Signature: _____ **Date:** _____

Pass approved and prepared by: _____ Date: _____