

***Please Fill all boxes. If it doesn't apply mark N/A**

ITP Check-In Form (\$5 Each For 6 & Up)

Night Pass	Gate Pass	Pool Pass	Season Pass
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Site #:		Printed Name(s):		
No. of Adults:	No. of Kids (6 & up):	No. of Kids (5 & Under):	Do you have a dog? Y/N	Dog Records on File? Y/N
Printed Address:			City/State/zip:	
Phone #:	Emergency Contact & Ph. #:		Vehicle? Y/N	Vehicle Lic #:
Guest Signature:			Legal Guardian Signature for Minor:	

1st Visit	Arrival Date:	Depart Date:	# Nights:	Gate Pass: Y/N	Signature:	Due	Office Initial:
2nd Visit	Arrival Date:	Depart Date:	# Nights:	Gate Pass: Y/N	Signature:	Due	Office Initial:
3rd Visit	Arrival Date:	Depart Date:	# Nights:	Gate Pass: Y/N	Signature:	Due	Office Initial:
4th Visit	Arrival Date:	Depart Date:	# Nights:	Gate Pass: Y/N	Signature:	Due	Office Initial:
5th Visit	Arrival Date:	Depart Date:	# Nights:	Gate Pass: Y/N	Signature:	Due	Office Initial:
6th Visit	Arrival Date:	Depart Date:	# Nights:	Gate Pass: Y/N	Signature:	Due	Office Initial:
7th Visit	Arrival Date:	Depart Date:	# Nights:	Gate Pass: Y/N	Signature:	Due	Office Initial:
8th Visit	Arrival Date:	Depart Date:	# Nights:	Gate Pass: Y/N	Signature:	Due	Office Initial: