

(Required form for all groups 15+ people)



Town of Newburgh - Community Pool at Lou Dennis Community Park Group Check In/Check Out for Open Swim Reservation



Date:		Time:		Pool Location:		Pool Manager:	
Group/Business Name:						Business Phone:	
Group/Business Address:							
Full Name of Head Chaperone:							
<small>(must be 18 years of age or older)</small> Age:							
						Number of Children	Number of Chaperones
First & Last name of all other Chaperones: <small>(must be 16 years of age or older)</small>		Age:		Number of Children 5 & Younger <small>(require 5:1) #3 & younger</small>			
1.				Number of Children 6 - 12 Years <small>(require 10:1)</small>			
2.				Number of Swimmers 13 & Over			
3.							
4.				TOTAL			
5.				Manager Approval			
6.				Total Children Paid \$ _____			
7.				Total Adults Paid \$ _____			INVOICE: YES / NO
8.				Total Amount Paid \$ _____			
9.							
10.							

I have read and understand the Town of Newburgh Group Aquatic Usage Guidelines and Rules. I agree to enforce these guidelines and rules with my group. I verify that the information on this sheet is correct.

X _____ Date & Time

Signature of Responsible Head Chaperone for Group must be 18 or older

MUST BE SIGNED TO ENTER FACILITY

I verify that this group has checked out of this Town of Newburgh facility with all children and adults who checked in and these persons are in the group's charge.

X _____ Date & Time

Signature of Responsible Head Chaperone for Group

MUST BE SIGNED UPON LEAVING THIS FACILITY

For Pool Use Only -

Notes:

RECEIPT WILL BE AVAILABLE FOR PICKUP UPON DEPARTURE