

~ SCOTT TOWNSHIP NON-RESIDENT ~ 2018 Swimming Pool Application

Date: _____ Name: _____
Last First

(PLEASE PRINT)

Telephone Home: _____ Office: _____

The undersigned, being a resident of Scott Township, residing at:

applies for permit to use the public Swimming Pool of the Township of Scott for the 2018 Season and agrees to the rules and regulations for the operation of the Park Swimming Pool and Bath House.

1. Fees	2. Daily Admissions	Week-Days	Week-Ends & Holidays
\$75 First Pass	Adult	\$5.00	\$6.00
\$75 Second Pass	Children	\$4.00	\$5.00
\$45 Third Pass	(18 yrs or younger)		
\$45 Fourth Pass	Twilight Hours	\$3.00	
\$45 Fifth Pass	(5:00 p.m. to close)		
\$45 Each additional pass after the purchase of Five Passes			
\$45 Pre-Schooler, Ages 3 thru Kindergarten			
\$ 0 Ages 2 or younger			
 COUPON BOOKS	5 Admissions - \$20.00 Week-Days		
	5 Admissions - \$25.00 Week-Ends		



3. All individuals must show picture ID for daily admission.
4. Applicant agrees that the use of the pool is at the risk of the bather.
5. Picture ID may not be loaned. Permit is not transferable and will be lifted if present by person other than the one to whom issued.

The following information will be verified.

Name	Sex	Age (If under 21)	Last Grade Completed	School	Permit No (Office Use Only)

The above are members of my family and make their residence at the listed address. I certify that I have read the rules and the above statements made by me are correct.

No refunds will be made because I falsified information.

Applications for minors must be signed by a parent or guardian. **Signed:** _____

Applications will be received at the Community Building located at Scott Park starting May 14th thru May 25th, 10:00 a.m. to 2:00 p.m. Mon, Wed, Friday. Thereafter, applications will be accepted during normal pool hours. Make check payable to: Scott Township Pool. Credit Cards are accepted. No refunds will be considered after two weeks of the date of application. Those considered for refunds will be assessed 25% against the refund. **There will be a \$30 assessment for any check returned because of Non-Sufficient Funds.

Identification must be shown at the time of application

FOR OFFICE USE ONLY

Check No.	Check Amount	Cash	Total Paid	Receipt No.	Book No.