

Livingston Community Pool 2020 Guest Information Form

FACILITY

Haines

Northland

Member Information

Name _____

Address: _____ City _____

Phone: Home: _____ Cell: _____

Full Name of Guest (s)	Address, including City	Phone #

I hereby certify that the information given on this form is correct, and my guests will abide by the membership rules and regulations.
I accept responsibility for the actions of my guests.

Member's Signature: _____

Date: _____