



MADISON COMMUNITY POOL 2017 GUEST INFORMATION FORM

Date: _____ Time: _____

MEMBER INFORMATION

Adult Badge Number: _____

Adult Badge Color: Green Black Purple(with permission)

Member Name: _____

I accept responsibility for the actions of my guest(s). I certify that the information below regarding the age and residence of my guest(s) is true. I understand that guest privileges for Madison Residents over the age of 14 are limited to weekdays and special events.

GUEST INFORMATION

Member's Signature _____

Name of Guest's Emergency Contact:	Phone # of Guest's Emergency Contact:
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Wristband #	Full Name of Guest	Guest Address, including City	Senior (62)	Adult		Child (2-12) Passed Deep Water Test?		Baby (under 2)
				(18-61)	(13-18)	YES	NO	
Total Number of Guests →								
Guest Fee →			\$5.00	\$10.00	\$8.00	Free		
Sub-total →			\$	+	\$	+	\$	=
TOTAL DUE →→			\$					

PAYMENT METHOD: Cash / Check Guest Passes Credit Card (\$1 service fee per guest applies)
