

River View Pool Membership 2010

Name _____

Address _____

Phone Number _____ Work Number _____

In case of an emergency call
number _____

Amount enclosed _____ Family or Single (circle one)

List family members to be on pool membership

Name	Age	Relationship

I/We , _____ have received a copy of the rules and regulations of the RiverView Community Pool and agree to abide by the them.

Signature

Date