

2010
Clinton Community Pool
Membership Application

Check Membership Type:

Family: Full Season Half Season
 Individual: Full Season Half Season

Please designate one adult as voting member of the (Clinton Youth Foundation) CYF:

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Cell: _____

E-mail Address: _____

List other ticket users with the ages of those under 12:

Are there medical problems we should be aware of?

Photo Release Signature: _____

Mail form to along with payment to:
Clinton Community Pool, PO Box 32, Clinton, NY 13323