

**TOWN OF NEVERSINK TOWN POOL
2024 SEASON PERMIT APPLICATION
DENNING**

NAME(s)

Last

First

Age

Tag #

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SELF/PARENT'S NAME _____

ADDRESS _____

TOWN _____ **STATE** _____ **ZIP** _____

PHONE () _____ **EMERGENCY PHONE ()** _____

Email _____

RESIDENCY INFORMATION

NOTE: DENNING RESIDENTS MUST SUBMIT A LETTER FROM DENNING TOWN CLERK NANCY PARROW AS THEIR PROOF OF RESIDENCY WITH THIS FORM.

I (we) acknowledge that I (we) have received and read a copy of the "Town of Neversink Pool Rules and Regulations". I (we) understand these regulations and agree to abide by them, with the knowledge that non-conformance with them could result in a voided pool pass and revocation of my (our) pool privileges.

SIGNATURE