FOR OFFICE USE ONLY: **NUMBER OF GUESTS** _____

GUEST COUPON NUMBER(S) _____ **#OF GUEST COUPON(S)** _____

_____ **AMOUNT $** _____

LMT COMMUNITY POOL
GUEST REGISTRATION

The pool member must stay with their guest the entire time.
Cash Only

FOLLOWING INFORMATION MUST BE FULLY COMPLETED - PLEASE PRINT

DATE _____

MEMBER'S NAME _____ _____
(LAST) (FIRST)

HOME ADDRESS _____

POOL PASS ID NUMBER _____ (on bottom of pool pass of Member)

GUEST INFORMATION BELOW:

_____ _____ BIRTHDATE_____
(Last) (First) Mo. Day. Year

_____ _____ BIRTHDATE_____
(Last) (First) Mo. Day. Year

_____ _____ BIRTHDATE_____
(Last) (First) Mo. Day. Year

_____ _____ BIRTHDATE_____
(Last) (First) Mo. Day. Year

_____ _____ BIRTHDATE_____
(Last) (First) Mo. Day. Year

IF THERE ARE ANY ALLERGIES OR SPECIAL CONDITIONS WE SHOULD BE AWARE OF, PLEASE NOTE ON OTHER SIDE