

BAYSHORE PARK AND RECREATION DISTRICT

FOB # _____

FOB FOR SWIMMING POOL GATE

FOB # _____

1026 FOB

RESIDENTS ONLY

Date _____

Name _____ Spouse _____

Property address _____

Phone Number _____ Cell Number _____

Owner _____ Phone Number _____

8:00 AM-Noon Lap Swimming yes___ No___ Water Exercise yes___ No___

Number of people in household _____ Names 1. _____

2. _____ 3. _____

Use back of form if more room needed.

Starting date of this agreement October 1, _____ and ending September 30, _____

I(we) understand that the FOB is for the use of the swimming pool by our family and our guests and must be renewed annually. No additional charge for renewal. Additionally I understand that all swimmers must sign the Pool waiver. If FOB is lost or damaged, I may purchase another at the same price.

The cost per FOB is \$10.00 plus tax per FOB. NUMBER OF FOB'S ISSUED _____ X \$10.00 _____

TOTAL PLUS TAX. AMOUNT COLLECTED \$ _____

Owner

Renter

Witness

Date

Approved 9/27/18 *Sharon Denson*

Revised _____

Effective 9/27/18