

SECAUCUS SWIM CENTER
2000 Koelle Boulevard
Secaucus, New Jersey 07094



**SECAUCUS SWIM CENTER
GUEST INFORMATION SHEET**

*****ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY FOR ADMISSION.**

Resident Name: _____

Address: _____

Cell Phone: _____

Swim Center Member: Yes No

ID/Address Type Presented: _____

GUEST NAME	FULL ADDRESS	ID CHECKED	FEE

*****FOR RESIDENT OR MEMBER COMPLETION:**

I certify that the above information is correct and understand that I am responsible for the actions of any and all guests that I am bringing to the Secaucus Swim Center. I am required to accompany my guests at all times while in the Swim Center.

I understand that if my guests violate any of the Swim Center's rules or regulations in any way, my use of the Secaucus Swim Center may be suspended and/or revoked for this swim season.

Resident or Member's Signature (*Required)

_____ Dated: _____

Name: