



**2020 DAY PASS REGISTRATION**

\_\_\_\_\_  
Family/Household name

\_\_\_\_\_  
Address

\_\_\_\_\_ City \_\_\_\_\_ State

\_\_\_\_\_  
Zip

\_\_\_\_\_ Preferred phone number \_\_\_\_\_ Alternate phone number

\_\_\_\_\_  
Email address  
*(Members may receive occasional e-mail communications from the Clinton Youth Foundation)*

**Day Pass Memberships are \$25 for the season, for individuals or for families.  
Each person associated with the Membership will pay \$5 per visit.**

**Please indicate the members of your household who may purchase day passes with this registration.**

Adult #1 \_\_\_\_\_ Adult #2 \_\_\_\_\_

Child #1 \_\_\_\_\_ Child #2 \_\_\_\_\_

Child #3 \_\_\_\_\_ Child #4 \_\_\_\_\_

I have read the COVID-19 Safety Rules and agree that my household and guests will follow these rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this form with payment to:  
Clinton Youth Foundation  
PO Box 32, Clinton, NY 13323  
Email any questions to [theclintonpool@gmail.com](mailto:theclintonpool@gmail.com)

Jack Boynton Community Pool

**Office Use Only:**

Membership Fee: \_\_\_\_\_

Member Number: \_\_\_\_\_

Full Payment/Amt: \_\_\_\_\_

Full Payment/Date: \_\_\_\_\_

Partial Payment 1/Amt \_\_\_\_\_

Partial Payment1/Date: \_\_\_\_\_

Partial Payment 2/Amt: \_\_\_\_\_

Partial Payment 2/Date: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Cash \_\_\_\_\_ Check (Check #) \_\_\_\_\_ Paypal

Other Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_