

INCORPORATED VILLAGE OF FLORAL PARK 2024 SWIMMING POOL APPLICATION



In-Person Registration: Recreation/Pool Building. 2 Pool & Garage Road.

Mail-in-Application: c/o Floral Park Pool, One Floral Blvd. P.O. Box 27, Floral Park, NY 11001

Please enclose all items as required. Information and membership rates are available upon request. Submit checks or money orders only, payable to the **Incorporated Village of Floral Park Pool**. Cash will not be accepted. A fee of \$30.00 may be imposed for checks not honored by your bank.

Member last year (Please circle one)					
record rust year (recuse entire one)	Yes	No			
Same address as last year (Please circle one)	Yes	No			
Season Application (Please circle one)	Family	Couple	Individual	Senior Citizen	
Season Application IVFP Fire Dept. (Please circle one	•	Couple	Individual		
MEN	IBERSH	IP APPL	<u>ICATION</u>		
Amount Enclosed \$					
Applicant's Full Name:				(DOB)	
Partner's Full Name:				(DOB)	
Address:			Email:		
Home Phone:			_Cell Phone:		
Emergency Contact:	Relations	hip	Phone #		
Children's Names Date of Bi		ge (as of 6/		School (as of 9/24)	
Do you have any special needs? If so, please	describe				
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