

Lancaster County Central Park Pool **2010 Discount Daily Admission Reservation Form**

Pool Hours: 12 Noon to 7 p.m., Mon. - Sat.; 1 to 7 p.m., Sun.

(Submission of Group Form Does Not Guarantee Discounted Admission)

Groups of 20 or more - \$4.00 per person (Groups must have 20 people or pay for a minimum of 20)

Group Name: _____

Group Leader: _____

Address: _____

City: _____ Zip _____

Phone: _____ Alternate Phone: _____

Number of Adults: _____ Number of Children: _____

Age of Children: _____

Date Requested: _____

Arrival Time: _____ Departure Time: _____

I herein apply for a reservation of Lancaster County's Pool Program, and hereby waive and release the Lancaster County Commissioners, the Lancaster County Department of Parks and Recreation and its employees from all liabilities resulting from personal injury or loss of personal property to me or to members of my group during the above pool program. I agree that the responsibility for carrying insurance lies with my group and/or its members.

Signature of Group Leader _____ Date _____

Return at least one week in advance of your requested date to:

Lancaster County Department of Parks and Recreation
1050 Rockford Road
Lancaster, PA 17602

Phone: (717) 299-8215
Fax: (717) 295-5942

- **Payment may be made at the Park Office by cash, check or credit card Mon. – Fri., 8:30 am – 5 pm.**
- **Payment may be made at the pool by cash only.**

OFFICE USE ONLY

Date Received: _____ Staff Initials: _____

Copy to Pool Manager _____

Original Filed in Reservation Book _____

Payment Received: _____

Cash

Check

Credit Card

POOL USE ONLY

Total Number of Patrons Admitted: _____ Staff Initials: _____

Amount of Payment Received: _____

Completed Reservation Form Sent to Park Office: _____ Staff Initials: _____