

COMBEST, CRAVENS & EDGE ICE CENTER  
GROUP USAGE REGISTRATION

GROUP NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

GROUP DIRECTOR OR CONTACT PERSON \_\_\_\_\_

ON SITE SUPERVISOR(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GROUP INTENDS TO USE \_\_\_\_\_ POOL.

APPROXIMATE GROUP SIZE \_\_\_\_\_

BREAKDOWN OF AGES: 5 & UNDER \_\_\_\_\_

6-9 \_\_\_\_\_

10 & OVER \_\_\_\_\_

I acknowledge that I have received a copy of and read the Owensboro Parks and Recreation Department Ice and Aquatics Facilities Group Usage Policy.

GROUP REPRESENTATIVE \_\_\_\_\_

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_

**This form should be brought to the pool and rink on group's first visit. It will be kept on file at pool and rink site for the 2010 swim and skate season.**