



Aquatics Department – Outdoor Pools Contact Information

Group		
Contact Person		
Address:		
City/State/ZIP		
Daytime Phone	Evening Phone	Fax
Email:		

My group is defined by the State of Maryland as a:

Child Care Center or Youth Camp.

I am familiar and comply with the state regulations that apply as such.

I have enclosed a copy of my group's certification with this application.

I am enclosing my \$ 25 application fee to process my request.

I understand that this fee is not deducted from any future rental fees my group may incur.

Signature _____ Date _____

Applications will not be processed without a copy of State of Maryland Daycare or Youth Camp Program Certification.