

WARWICK VALLEY CENTRAL SCHOOL DISTRICT



WVHS Pool Guest
APPLICANT INFORMATION

Date: _____

Name: _____

Address: _____

Primary Phone Number: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

INCLUDE A PICTURE or SCAN of the front and back of DRIVER'S LICENSE

Return all paperwork to:

Gregory Sirico (Warwick Athletic Director)

Email: gsirico@wvcasd.org

FAX: (845) 987 - 3628

Cell: (845) 222 - 1402