



AQUATICS PROGRAM

A program of the Gladys Allen Brigham Community Center

GUEST INFORMATION FORM

Please Print All Information

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ (C) _____

DATE OF BIRTH _____

ORIGIN OF BIRTH: BORN IN US _____ BORN OUTSIDE US _____ UNKOWN _____

EMERGENCY CONTACT NAME: _____

PHONE (H) _____ (W) _____ (C) _____

Other information you would like us to know: (disability, allergies, concerns)

OPTIONAL INFORMATION (But EXTREMELY helpful for GRANT / FUNDING purposes)

<u>Ethnicity</u>	<u>Family Income</u>	<u>Household</u>	<u>Age Group</u>
American Indian or Alaska Native _____	\$0 - \$22,200 _____	Married _____	18 – 24 _____
Asian _____	\$22,201-\$37,000 _____	Single _____	25 – 49 _____
Black or African American _____	\$37,001-\$59,200 _____	Divorced//Separated _____	50 - 64 _____
Hispanic or Latino _____	\$59,201-\$74,000 _____	Widowed _____	65 + _____
Multi-Racial _____	\$74,001 + _____	Co-Habiting _____	
White / Caucasian _____		Other _____	
Other _____			