



Ongwanada

Application for Use of Therapeutic Pool

Date of Request

Applicant's Name

Organization (If a group)

Address

Telephone Number

Contact Name (if different than app)

Contact's Telephone Number

Day and Time Requested

Ongoing

One Time

First Choice

Day

Time

Second Choice

Day

Time

Total Number of Participants

Children <16 must have doctor's note

of Adults (16-64)

of Seniors (65+)

Additional Information

Tickets are available at Reception at the Ongwanada Resource Centre

PLEASE BRING YOUR OWN TOWEL, SHAMPOO/SOAP, AS THESE ITEMS ARE NOT PROVIDED

Please forward completed application form to: Pool, Kinsmen Rehabilitation Centre
Ongwanada Resource Centre
191 Portsmouth Ave.
Kingston, ON. K7M8A6
613-548-4417, Ext. 1170

ONGWANADA STAFF TO COMPLETE THE FOLLOWING:

Request Reviewed By (Pool Staff)

Request Reviewed By (Day Program)

Request Status

Approved

On Waiting List

Denied

Reason for Denial

If request is denied, reason forwarded to the:

Coordinator Residential & Client Services Completed

Assistant Executive Director Residential and Client Services Completed

Executive Director Completed

Applicant contacted by pool staff- regarding application status