

2009 Hopewell Swim Center Membership Application

Family Name:						
Adult Member 1:						
Adult Member 2:						
	Child's Name	Gender	Date of Birth	Child's Name	Gender	Date of Birth
Child 1:		F / M	DOB:	Child 5:	F / M	DOB:
Child 2:		F / M	DOB:	Child 6:	F / M	DOB:
Child 3:		F / M	DOB:	Child 7:	F / M	DOB:
Child 4:		F / M	DOB:	Child 8:	F / M	DOB:
Address:						
City, State, Zip						
Home Phone:		Work Phone:		Cell Phone:		
Email:						
Emergency Contact Name and Phone Number :						

	Select Swim Membership, use the column under the option plan selected to calculate membership rates:	2009 Swim Membership Rates
<input type="checkbox"/>	Individual	\$571.00
<input type="checkbox"/>	Couple	\$689.00
<input type="checkbox"/>	Family (with 3 children or less)	\$831.00
<input type="checkbox"/>	Family (with 4 or more children)	\$875.00
SUBTOTAL		
Plus: 7% Tax		
TOTAL		

Method of Payment

Cash

Check

Visa

M/C

Date:	Deposit Amount:	Balance Due:
-------	-----------------	--------------

Credit Card Account Number:

Credit Card Expiration Date:

Credit Card Signature:

Payment Options:

- Make payment at the Tennis Center.
- Mail application with payment to:
Hopewell Tennis & Swim Center
PO Box 1017
Pennington, NJ 08534

My 2009 membership will not be valid until a signed copy of the 2009 rules and policies are received.

As a condition of my membership, I understand that I am required to sign and agree to adhere to all of the 2009 rules and policies set forth by Hopewell Tennis & Swim Center. If I, or a family member, fail to abide by ALL of the rules and policies I understand that my membership may be suspended or revoked without refund of membership dues. These rules and policies will be available on the website, or, upon written request, a copy of the rules and policies will be mailed to you.

Signature: _____ **Date:** _____