



2010 Swim Center Membership Application

John Wunder Tennis Academy
 JWTA



609-730-0324

PLEASE COMPLETE ALL OF THE INFORMATION LISTED BELOW

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:	Membership Price
<input type="checkbox"/> Individual	\$577.00
<input type="checkbox"/> Couple	\$696.00
<input type="checkbox"/> Family (with 3 children or less)	\$839.00
<input type="checkbox"/> Family (with 4 or more children)	\$884.00
SUBTOTAL	
Plus: 7% Tax	
TOTAL	

Method of Payment

Cash
 Check
 Visa
 M/C

Date: _____ Payment Amount: _____

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

Membership Validation Statement:
 As a condition of my membership, this signed application acknowledges that I have read the 2010 rules, and understand that I am required to return a signed copy of the 2010 rules set forth by Hopewell Tennis & Swim Center; and agree to abide by all of the rules and policies as stated. I have obtained these polices via the HT&SC website directly at www.hopewelltennis.com, or have requested a copy by mail. If I, or a family member fail to abide by ALL of the rules and polices, I understand that my membership may be suspended or revoked without refund of membership dues.

Signature: _____ **Date:** _____ (Must sign official 2010 rules in order to validate membership application)