

Howell Pointe Swim Club



22 Howell Road, Freehold, NJ 07728

Phone 732-414-2172/www.howellpointeswimclub.com/Fax 732-414-2176

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2020 MEN	MBERSHIP AF	PPLICAT	ION			
PLEASE PRINT			Office Use Only			
		Da	ate received	<u> </u>		
LAST NAME		C	neck #			
ADDRESS		C	neck Amt			
CITY S1	ATE ZI	I P Ba	alance Due			
HOME PHONE #	E-MAIL:					
DADENT OR CHARDIAN	DADE	NT OD CHA	DDIAN			
PARENT OR GUARDIAN		NT OR GUA	KDIAN			
FIRST NAME		NAME "				
CELL#	CELL	#				
LIST ALL UNMARRIED CHIL	DREN LINDER 25	RESIDING	AT VOLIR AD	DRESS		
NAME	BIRTH DATE		GENI			
1)	DIKTTI DATE	<u>-</u> N		<u>ъс.к</u> F		
2)		<u></u>		<u>.</u> F	_	
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3) 4)		— <u> </u>		<u>.</u> F	_	
5)	-	— <u> </u>		F	_	
*ALL MEMBERS WILL BE NOTIFIED AS TO SCHEI	ULE FOR OBTAININ			-	_	
<u>N</u>	<u>IEMBERSHIP F</u>	EES				
*TYPE OF MEMBERSHIP		P	RO-RATED	2020	CHECK	
				FEE	BOX	
*FAMILY MEMBERSHIP-TWO PARENTS-1 OR MORE CHILDREN				\$1,125.00		
*SINGLE PARENT FAMILY-ONE PARENT-1 OR MORE CHILDREN				\$925.00		
*COUPLE-NO CHILDREN				\$745.00		
*INDIVIDUAL- ONE ADULT OVER THE AGE OF 18				\$475.00		
*SENIOR CITIZEN SINGLE (62 YEARS OF AGE OR OLDER)				\$295.00		
*SENIOR CITIZEN COUPLE (62 YEARS OF AGE OR OLDER)				\$475.00		
*I understand that my participation at the Howell Pointe Swim Club	•	•				
made by the staff and management to insure the safety of all mem assumes no responsibility for any injuries or accidents that occur.						
her own risk. By signing this document, I agree to release Howell I	-	•				
with respect to any injury or accident that may occur at this facility.	·					
well being, and supervision of minors is the responsibility of their p	· ·	•				
Pointe Swim Club, LLC shall not be responsible for any bodily injur						
take place while at this facility. I, the undersigned, have read and a Howell Pointe Swim Club and do further agree to inform all persons	•	-				
the rules and regulations. Howell Pointe Swim Club, LLC shall no			iid TOVIOW			
SIGNATURE OF PARENT OR GUARDIAN		DATE				
SIGNATURE OF PARENT OR GUARDIAN		DATE				