

2018

Date Received _____

PHOENIX SWIM CLUB

Membership # _____

WEEKEND MEMBERSHIP

FIRST _____ LAST _____ PHONE _____

ADDRESS _____ EMAIL ADDRESS (print legibly) _____

CITY _____ STATE _____ ZIP _____

WEEKEND MEMBERSHIP RATES*	Discount if paid by 4/15/18	Fee Paid After 4/15/18
Single Member	\$300	\$355
Family of 2	\$400	\$450
Family of 3	\$425	\$480
Family of 4	\$450	\$510
Family of 5	\$490	\$540

* A family includes adult family members and dependent children ages 3-21 years of age living in the same household.

Membership card information

Yourself _____ Spouse _____

Children (Ages 3-21)

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Phoenix Sport Club membership is included in your swim membership.

I/We hereby release Phoenix Sport Club, its directors and staff from all liability resulting from my/our participation in any sport, exercise or activity of any kind at the Phoenix Sport Club. I/We also agree to abide by the rules and regulations set forth by the Phoenix Sport Club and Swim Club Pool Rules. The Phoenix Sport Club accepts all applications subject to review and acceptance. Pool memberships are non-refundable.

Signature of Applicant _____

REFER A NEW MEMBER TO PHOENIX SWIM CLUB AND RECEIVE 4 FREE GUEST PASSES!**ALL MEMBERSHIPS MUST BE PAID IN FULL BY JUNE 15, 2018**

Make check payable to - Phoenix Sport Club

Mail to application to: Phoenix Sport Club

Check # _____ Cash _____

301 W. Bristol Road

Referred by: _____ (To be filled out by **NEW** members only)

Feasterville PA 19053