

2019

Date Received _____

PHOENIX SWIM CLUB

Membership # _____

FULL TIME FAMILY MEMBERSHIP

FIRST _____ LAST _____ PHONE _____

ADDRESS _____ EMAIL (print legibly) _____

CITY _____ STATE _____ ZIP _____

FAMILY MEMBERSHIP RATES*	If received by April 30, 2019	If received after April 30, 2019
Single Member	\$360	\$390
Family of 2	\$485	\$515
Family of 3	\$525	\$555
Family of 4	\$590	\$620

* A family includes 2 adult family members and dependent children ages 3-18 years of age living in the same household.

*An extra child of the family is \$20, an extra adult is \$100, must live with member and have proof of residence

Membership card information

Yourself _____ Spouse _____

Children (Ages 3-18)

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 1, 2019**

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