

Crestwood Swim Club

Membership Information

Family Last Name _____

Address _____

City _____ Zip Code _____

Main Contact Phone # _____ Other _____

E-Mail(s) _____

Adult's Full Name _____ Adult's Full Name _____

Adult's Full Name _____ Adult's Full Name _____

Adult's Full Name _____ Adult's Full Name _____

****We reserve the right to request proof of residency for any or all individuals listed****

Child's Full Name _____ Age _____ Child's Full Name _____ Age _____

Child's Full Name _____ Age _____ Child's Full Name _____ Age _____

Child's Full Name _____ Age _____ Child's Full Name _____ Age _____

FOR OFFICE USE ONLY

Level of Membership: Trial _____ Tier I _____ Tier II _____ Tier III _____

Method of Payment: PayPal _____ Cash _____ Check # _____ Other _____

Adult Card(s) _____ **Child Card(s)** _____ **Provided By** _____

Pool Policy and Regulations: _____ **5% M or S:** _____

Date Received: _____ **Received By:** _____

Treasurer Only Received: _____ **Deposited:** _____

Year of Membership: _____