

TOWNSHIP OF GLOUCESTER ~ DEPARTMENT OF RECREATION 2019 POOL REGISTRATION FORM

Please select the type of membership you are applying for:

| | <i>Total</i> |
|---|------------------|
| _____ <u>Full Season Family Membership/Weekday & Weekend</u> (All Open Hours) | \$250.00 |
| _____ <u>Full Season Single Membership/Weekday & Weekend</u> (All Open Hours) | \$130.00 |
| _____ <u>Weekday Only Family Membership</u> (Mon-Fri only) | \$190.00 |
| _____ <u>Weekday Only Single Membership</u> (Mon-Fri only) | \$ 100.00 |
| _____ <u>Night/Weekend Season Family Membership</u> (Mon-Fri after 4 PM, Sat & Sun 11-6 PM only & holidays) | \$160.00 |
| _____ <u>Night/Weekend Season Single Membership</u> (Mon-Fri after 4 PM, Sat & Sun 11-6 PM only & holidays) | \$ 85.00 |

2. Please list all family members who live in your household on a permanent basis below:

| | <u>LAST NAME</u> | <u>FIRST NAME</u> | <u>DATE OF BIRTH</u> | <u>AGE</u> | <u>CHILD'S SCHOOL</u> |
|----|------------------|-------------------|----------------------|------------|-----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

3. Please fill in your:

(Address)

(City, State, Zip)

(Home Phone #)

(Cell Phone #)

(Email Address)

4. Were you a Gloucester Township Municipal Pool Member in 2018? _____ Yes _____ No

5. **Emergency Contact:**

Name: _____ Phone #: _____

6. **Please read and sign below:**

A. I received a copy of the Township's 2019 pool rules and regulations at registration.

B. The family information provided by me to the Township is true and correct. I understand that falsification of residency information and/or family size is cause for immediate suspension of my family or single membership and **NO REFUND** will be given.

(Signature of Applicant)

(Date Signed)

* * * * *

FOR OFFICE USE ONLY:

Residency Verification:

_____ Driver's License **OR**

_____ Lease or Mortgage

AND

_____ Utility Bill/Tax Bill/Checkbook Imprint

_____ Other _____

Receipt #: _____

Amount Cash: _____

Amount Check: _____

Date Received: _____

Initials: _____

| | <u>YES</u> | <u>NO</u> | <u>DATE</u> | <u>INITIALS</u> |
|---------------------------------------|-------------------|------------------|--------------------|------------------------|
| <u>HOUSEHOLD VERIFICATION</u> | | | | |
| <u>COPY OF MEMBERSHIP MADE</u> | | | | |
| <u>MEMBERSHIP SENT TO POOL</u> | | | | |

MEMBERSHIP #:

- Full Season Family Membership #1**
- Full Season Single Membership #2** _____
- Weekday Only Family Membership #3** _____
- Weekday Only Single Membership #4** _____
- Night/Weekend Family Membership #5**
- Night/Weekend Single Membership #6**

