

# TOWNSHIP OF GLOUCESTER ~ DEPARTMENT OF RECREATION 2013 POOL REGISTRATION FORM

**Please select the type of membership you are applying for:**

	<i>Total</i>
_____ <b><u>Full Season Family Membership/Weekday &amp; Weekend</u></b> (Mon-Fri 12-8 PM, Sat & Sun 11-6 PM)	<b>\$250.00</b>
_____ <b><u>Full Season Single Membership/Weekday &amp; Weekend</u></b> (Mon-Fri 12-8 PM. Sat & Sun 11-6 PM)	<b>\$130.00</b>
_____ <b><u>Weekday Only Family Membership</u></b> (Mon-Fri 12-8 PM only)	<b>\$190.00</b>
_____ <b><u>Weekday Only Single Membership</u></b> (Mon-Fri 12-8 PM only)	<b>\$ 100.00</b>
_____ <b><u>Non-Peak Season Family Membership</u></b> (Mon-Fri 4-8 PM, Sat & Sun 11-6 PM only & holidays)	<b>\$160.00</b>
_____ <b><u>Non-Peak Season Single Membership</u></b> (Mon-Fri 4-8 PM, Sat & Sun 11-6 PM only & holidays)	<b>\$ 85.00</b>

**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>ID or 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 2012? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**5. Emergency Contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

A. I received a copy of the Township's 2013 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: \_\_\_\_\_

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

- MEMBERSHIP #:**
- Full Season Family Membership #1 \_\_\_\_\_
  - Full Season Single Membership #2 \_\_\_\_\_
  - Weekday Only Family Membership #3 \_\_\_\_\_
  - Weekday Only Single Membership #4 \_\_\_\_\_
  - Non-Peak Family Membership #5 \_\_\_\_\_
  - Non-Peak Single Membership #6 \_\_\_\_\_