Applie	yment Plan cation for od Swim Club	Payment Rec.	Check Number	Check Amount	Date Received
Please check one of the followi	ng:				
Family ( <b>\$640.00</b> )			Office	Use Only	
Couple Membership / Parent and Child ( <b>\$525.00</b> )			ation expi	ires Janua	ry 1, 2017*
Individual Mem	bership ( <b>\$425.00</b> )	R			
Swim Team On	ly (\$225.00) This price is the same	all year			
Please Print Name:	(I)	AN			
Street Address:		0 y			
City, State, Zip Code:	<u> </u>	V			
Home Tel	Emergency Tel.				
Email Address	- CV - EV				
Names of Dependent Children	in residence with you under 21:				
1	date of birth				
2	date of birth				
3	date of birth				
4	date of birth				
5	date of birth ation is the sole prerogative of the Candlewood S				

admission to the club to anyone who does not abide by the rules or acts inappropriately at any time and no refund will be given.

I/We agree that Candlewood Swim Club LLC is a recreational facility where physical harm can occur. I/We agree to hold harmless Candlewood Swim Club and its partners in cases of personal injury.

Signature of Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_

Please return this form with check or money order payable to the Candlewood Swim Club Inc. 31 Newbury Road Howell, NJ 07731.