

University Club of Rockford - Application for Pool Membership

Pool is open from Memorial Day thru Labor Day 11PM-5PM

Date: _____

Full Name: _____ Date of Birth: _____

Spouse/Partner Full Name: _____ Date of Birth: _____

Home Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Business: _____ Position: _____

Business Address: _____ Zip: _____

Business Phone: _____

Email Address: _____

Family Members – Children Under 25 Living in Your Home

Name	Relation	Date of Birth

Please add a credit card number, expiration date and code for monthly billing of food and beverages.

Credit Card Information: _____

With this membership you are entitled to eat lunch on the lower or upper decks. Any food or beverages will be charged to your account and you will be given a ticket to sign daily. At the end of every month you will receive a statement. The credit card on file will then be charged. Please be sure to sign yourself and any guests in with the pool attendant on duty. Lunch is served Monday – Friday 11AM-2PM.

Please do not leave children under the age of 12 unattended.

We hope you enjoy your pool membership. If you have any questions, please contact Julie Sandall (Office Manager) 815.962.1730 or email: jsandall@uclubrockford.com

Applicant's Signature: _____ Date: _____