A	8 Payment Pla pplication for ewood Swim C		Payment Rec.	Check Number	Check Amount	Date Received
Please check one of the f	ollowing:					
Family (\$640.00)					Use Only	
Couple Membership / Parent and Child (\$525.00)					res Janua	<u>y 1, 2019*</u>
Individual	Membership / Senior	Citizen Couple (\$440.	.00)			
Swim Te	am Only (\$225.00) Th	is price is the same a	ll year			
Please Print Name:		(A)	0			
Street Address:		- A Y				
City, State, Zip Code:		10 1º				
Home Tel.	Emerg	ency Tel.				
Email Address	~ CF.	De la				
Names of Dependent Chi	ildren in residence with	n you under 21:				
1	<u> </u>	date of birth				
2		date of birth				
3		date of birth				
4		date of birth				
5 The acceptance or rejection of thi		date of birth				.,
The acceptance or rejection of the accurate information as requested any rude or obnoxious behavior i	l above or failure to observe cl	ub rules is cause for rejection	of membershi	p and or dism	issal from the c	club. Further,

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.