

Fox Hollow Swim Club 2017 New Membership

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|--|---|
| Family Last Name: | Home Phone: |
| Address: | |
| Primary Member First Name: (Must be 21 or over as of June 1, 2017) | Spouse First Name (and last if different) |
| Date of Birth: | Date of Birth: |
| Cell Phone: | Cell Phone: |
| Email: | Email: |

| Children: | | | Swim Team Place <input type="checkbox"/> if purchasing | Dive Team Place <input type="checkbox"/> if purchasing |
|-----------|----------------|---------------------|---|---|
| Name: | Date of Birth: | Age on June 1, 2017 | | |
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Membership Fees

**Children 5 and under prior to June 1, 2017 are free

| Family Size** | Dues | NJ Sales Tax | Capital Assessment | TOTAL (Pay this amount) |
|---------------|----------|--------------|--------------------|----------------------------|
| 1 | \$200.00 | \$14.00 | \$125.00 | \$339.00 |
| 2 | \$350.47 | \$24.53 | \$125.00 | \$500.00 |
| 3 | \$350.47 | \$24.53 | \$125.00 | \$500.00 |
| 4 | \$350.47 | \$24.53 | \$125.00 | \$500.00 |
| 5 | \$350.47 | \$24.53 | \$125.00 | \$500.00 |
| 6+ | \$350.47 | \$24.53 | \$125.00 | \$500.00 |

| | |
|---|--------|
| Other Household Member (Nanny, Grandparent) @ \$125 each (includes NJ Sales Tax) Name: _____ Relation/Role: _____ Name: _____ Relation/Role: _____ | Other: |
|---|--------|

| Swim Team Fees <small>(Includes t-shirt) Please indicate shirt size</small> | | Dive Team Fees (\$95.00 per child) <small>(Includes t-shirt) please indicate shirt size</small> | |
|--|----------|--|----------|
| 1 Child | \$165.00 | 1 Child | \$95.00 |
| 2 Children | \$300.00 | 2 Children | \$190.00 |
| 3 or more | \$375.00 | 3 Children | \$285.00 |

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| Total Amount Due | |
|--|-----------|
| Membership Fee (from 1 st page) | \$ |
| Other Houshold Member @ \$125.00 each | \$ |
| Pack of 10 Guest Passes @ \$40 | \$ |
| Swim Team Fee (from 1 st page) | \$ |
| Dive Team Fee (from 1 st page) | \$ |
| Total Amount Due by Check or by Credit Card (Visa/Mastercard) | \$ |

Payment Options: Check and Credit Card

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|---|--|
| <p style="text-align: center;">Check (Drawn in US Funds)</p> <p>Check may be mailed or dropped off as below. A \$35.00 fee is applied for returned checks.</p> | |
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|----------------------------|---|------------------|
| For Office Use Only | Credit Card Number: (3% convenience fee will be added) | |
| | Billing Address (Include zip code): | |
| | Exp Date | 3 Digit CVV Code |
| | I approve Fox Hollow Swim Club to charge my credit card the total fees as listed above. I understand that there is an additional service fee for this option. | |
| | Signature | Date |

Please Return Your Payment with This Form To:

Sue Massott
235 Hadleigh Dr
Cherry Hill NJ 08003