

Fox Hollow Swim Club 2017 Membership Renewal

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	\$210.00	\$14.70	\$125.00	\$349.70
2	\$425.00	\$29.75	\$125.00	\$579.75
3	\$650.00	\$45.50	\$125.00	\$820.50
4	\$770.00	\$53.90	\$125.00	\$948.90
5	\$885.00	\$61.95	\$125.00	\$1071.95
6+	\$990.00	\$69.30	\$125.00	\$1184.30
Emeritus Household (Subject to approval)	\$125.00	\$8.75	\$125.00	This rate is subject to strict criteria, call for details \$258.75

<p>Other Household Member (Nanny, Grandparent) @ \$125 each (Family members living together at same address NOT eligible. Add your immediate family to regular membership above.) (includes NJ Sales Tax)</p>	Other:
Name:	Relation/Role:
Name:	Relation/Role:

Swim Team Fees (Includes t-shirt) please provide shirt size		Dive Team Fees (\$95.00 per child) (Includes t-shirt) please provide shirt size		
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)	\$	Remember to add your \$35.00 late fee if paying after May 15th .
Other Household Member @ \$125.00 each	\$	
Pack of 10 Guest Passes @ \$40 (\$10 savings!)	\$	
Swim Team Fee (from 1 st page)	\$	
Dive Team Fee (from 1 st page)	\$	
Total Amount Due by Check or if paying by Credit Card for Payment Plan, see below.	\$	

Payment in full must be received by May 15th to avoid a \$35.00 late fee.

Payment Plans Available for 2017 Require Auto Payment By Credit Card.

Payment Options: Check, and Credit Card

Check (Drawn in US Funds)	Credit Card (Visa or MasterCard)
Check may be mailed or dropped off as below. A \$35.00 fee is applied for returned checks.	There is a 3% convenience fee for this method of payment which will be added when posting to your account.
	4 Month Payment Plan (Must use credit card): 25% Automatically Posted February 15, March 15, April 15, May 15
	3 Month Payment Plan (Must use credit card): 33 1/3 % Automatically Posted March 15, April 15, May 15
Payment in Full (Credit Card or Check)	2 Month Payment Plan (Must use credit card): 50% Automatically Posted April 15, May 15

For Office Use Only	Visa/MC 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 according to the payment option I have selected above. Charges will be applied on the 15 th of the month indicated. 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