

Stratford Swim Club

2012 Early Payment Application

Check off the type of membership required

Bonded	Family	Married Couple	Head of Household	Single
Seasonal	Family	Married Couple	Head of Household	Single

Adult member name <input type="text"/>		Adult member name <input type="text"/>		
Street Address <input type="text"/>		City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Home Phone <input type="text"/>	Email Address (no 3rd party disclosure) <input type="text"/>			
Emergency Contact Person <input type="text"/>		Phone <input type="text"/>	Relationship <input type="text"/>	

Please list your Children's* information

Name	Date of Birth
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Amount Enclosed <input type="text"/>	PayPal <input type="checkbox"/>	Payment in Full <input type="checkbox"/>
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This application is only valid if paid in full before 2-2- 12

Signature:

**ALL DEPOSITS ARE
NON-REFUNDABLE**

*** A "child" is a dependant residing in the same household as the applicant, under the age of 23.**

Rev3