

CRESSKILL MUNICIPAL POOL

(Please Print and fill out both sides)

Type Membership: Family Individual Nanny Sr. Citizen Sponsored

FAMILY: (Last Name) (First Name) Amt. Paid
(Last Name) (First Name) Amt. Paid

Email: _____
Address: _____
Phone: _____

INDIVIDUAL: Over Age 18 Amt. Paid: _____
INDIVIDUAL: Age 16 Min. to 17 Amt. Paid: _____
NANNY: Amt. Paid: _____
Address: _____
Phone: _____

Birth Date: _____
Sponsored By: (Last Name) (First Name)

OFFICIAL USE ONLY			
Name - Children	Relationship	Birth Date	Sex
1.			
2.			
3.			
4.			
5.			

Add Additional Names on Reverse Side

Applicant's Name _____
Address _____
Phone No. _____

Type Membership: () Senior Citizen ()
Family () Sponsored ()
Individual ()
Nanny ()

Total Fee Enclosed _____
I hereby give permission to use photos of myself and all others listed above in social media for promotion of the pool and its activities.

I certify that all information on this application is true and correct to the best of my knowledge. All members will abide by the Rules and Regulations.

Signature _____

DO NOT DETACH
Fill out and Return both Parts with payment
Allow one week for processing

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2017

EMERGENCY CONTACT

Please list two emergency contacts

Name: (Last Name) (First Name)

Phone: _____ Cell Phone: _____

Name: (Last Name) (First Name)

Phone: _____ Cell Phone: _____