

Office Use Only

Amt. Pd.: _____ Date Rec'd: _____ By: _____

Gift Card #: _____

Pool Membership Gift Certificate Application

Name of Purchaser _____ Phone _____

Address _____

Email _____

Please indicate who the Gift Certificate is for:

Recipient Name _____ Phone _____

Address _____

Message to Recipient:

Type of Membership (Check which type):

(Early bird prices good through April 1, 2017)

Select	Type	Early Bird	Regular
<input type="checkbox"/>	Family of 6+	\$295	\$320
<input type="checkbox"/>	Family of 5	\$280	\$305
<input type="checkbox"/>	Family of 4	\$264	\$289
<input type="checkbox"/>	Family of 3	\$248	\$273
<input type="checkbox"/>	Family of 2	\$232	\$257
<input type="checkbox"/>	Individual (11 & over)	\$160	\$175
<input type="checkbox"/>	Senior Couple (55 & over)	\$100	\$125
<input type="checkbox"/>	Senior Individual (55 & over)	\$75	\$100
<input type="checkbox"/>	Plus 1 (babysitters)	\$115	\$115

Names and ages of all Family Members

(2 Adults and any unmarried children 22 & under; Children 1 & under are free, but please still list below):

#	Name	Age
1		
2		
3		
4		
5		
6		
7		

Specific Dollar Amount: _____

If you do not want to purchase a full membership, please indicate the amount you would like to put on the gift certificate.

Payment Options:

Cash (exact), check, or credit card (VS, MC, DS) are all accepted. Forms must be turned in with payment.

Check One:

- Cash
- Check
- Credit Card*

Credit Card Info: *Credit card payments may also be made over the phone. Please call to make payment.

_____ - _____ - _____ - _____ Ex. ____ / ____

Security Code: _____ Name on Card: _____

Once this form and payment is received, the gift certificate will be sent out to you by mail. Payments will be cashed upon collection. I have read and understand the above statements.

Signature

Date