

University Club of Rockford - Application for Pool Membership

Pool is open from Memorial Day thru Labor Day 11PM-5PM

Date:		
Full Name:		Date of Birth:
Spouse/Partner Full Name:		Date of Birth:
Home Address:		Zip:
Home Phone:	Cell Phone:	
Business:	Position:	
Business Address:		Zip:
Business Phone:		_
Email Address:		_
Family Members – Children Under 25 Living in Your Home		
Name	Relation	Date of Birth
Please add a credit card number, expiration date and code for monthly billing of food and beverages.		
Credit Card Information:		
will be charged to your account a you will receive a statement. The	nd you will be given a ticket to sign	rged. Please be sure to sign yourself
Please do not leave children under the age of 12 unattended.		
We hope you enjoy your pool membership. If you have any questions, please contact Julie Sandall (Office Manager) 815.962.1730 or email: jsandall@uclubrockford.com		
Applicant's Signature:	Date	e: