



University Club of Rockford

945 N. Main Street Rockford, IL 61103

Phone: 815.962.1730

www.uclubrockford.com

University Club of Rockford - Application for Legacy Pool Membership

Pool Is Open From Memorial Day Thru Labor Day

Date: _____

Full Name: _____ Date of Birth: _____

Spouse/Partner Full Name: _____ Date of Birth: _____

Home Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Family Members – Children Under 25 Living in Your Home or Grand Children under 13.

Any other guests are \$10 per guest to be charged to your account monthly.

Name	Relation	Date of Birth

Any food or beverages will be charged to your account and you will be given a ticket to sign daily. At the end of every month you will receive a statement. The credit card on file will then be charged. Please be sure to sign yourself and any guests in with the pool attendant on duty.

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 the Office.

Applicant's Signature: _____ Date: _____