## HILLCREST SWIM CLUB 2024-MEMBERSHIP FORM

Checks payable to:	Name:			
ILLCREST SWIM CLUB P.O. Box 14	Address:			
Akron, PA 17501 (717) 859-2111	Cell Phone:			
ww.hillcrestswim.net	Email:			
	Type of Member: Returnin	ng Member 🔲 I	New Member	
Must have all Nan	nes for <u>ALL</u> Members	BEFORE April 15 <sup>th</sup>	AFTER April 15 <sup>th</sup>	
Type of Member 1st Adult	Member Name	<b>Cost</b> \$250.00	<b>Cost</b> \$260.00	Total
Additional Adult		\$100.00	\$110.00	
1st Child		\$60.00	\$65.00	
2 <sup>nd</sup> Child		\$60.00	\$65.00	
Additional Child		\$35.00	\$40.00	
Additional Child		\$35.00	\$40.00	
Additional Child		\$35.00	\$40.00	
Senior Citizen Discount (65 & Older)		(\$30.00)	(\$30.00)	
*Adult = 21 years + *Child = 3 years - 20 years (0-2 years FREE)			Sub Total	
Hillcrest  Membership is signifie	Certificat	Certificate Payment		
Certificates are \$150.00 membership, the certific Year". However, beginning must be, either, paid	Toto	Total Payment		
PAYMENT METHOD:				
Check If paying by credit card, an invoice to complete p	☐ Cash a processing fee of 2.9% + \$0.30 will be payment.		<b>lit Card*</b> tal. You will be em	ailed
QUESTIONS?	·2111 (during season) or 717-371	-2939 (before s	season)	