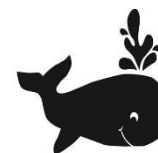


2019 FAMILY MEMBERSHIP



Family name _____

Address _____

City _____ State _____ Zip _____

Preferred phone number _____ Alternate phone number _____

Email address _____
(Members may receive occasional e-mail communications from the Clinton Youth Foundation)

CHOOSE YOUR MEMBERSHIP TYPE			
<i>A family is defined as a group of people who live in the same immediate household. Other family members, babysitters, or guests may be added to any membership for \$10 each.</i>			
Full season \$265 <input type="checkbox"/>	June \$80 <input type="checkbox"/>	July \$120 <input type="checkbox"/>	August \$85 <input type="checkbox"/>
- Access to the pool for everyone in your immediate household for the full season - 8 day passes - Membership in the Clinton Youth Foundation	- Access to the pool for everyone in your immediate household from opening day through June 30 - Two day passes - Membership in the Clinton Youth Foundation	- Access to the pool for everyone in your immediate household from July 1-31 - Four day passes - Membership in the Clinton Youth Foundation	- Access to the pool for everyone in your immediate household from August 1 through closing day - Two day passes - Membership in the Clinton Youth Foundation

Immediate household members to be included in membership. ***Other family members, babysitters or frequent guests may be added to the membership for \$10 each.***

Adult #1 _____ Adult #2 _____

Child #1 _____ Child #2 _____

Child #3 _____ Child #4 _____

Additional Members: _____
 (\$10 each)

Return this form with payment to:
 Clinton Youth Foundation
 PO Box 32, Clinton, NY 13323
 Email any questions to theclintonpool@gmail.com

Jack Boynton Community Pool

Office Use Only:

Membership Fee: _____

Member Number: _____

Full Payment/Amt: _____

Full Payment/Date: _____

Partial Payment 1/Amt _____

Partial Payment1/Date: _____

Partial Payment 2/Amt: _____

Partial Payment 2/Date: _____

Payment Method: _____ Cash _____ Check (Check #) _____ Paypal

Other Notes: _____
