

Full name

If member is a child, please list parent/guardian name

Home Address

City

State

Zip

Preferred phone number

Alternate phone number

Email address

CHOOSE YOUR MEMBERSHIP TYPE		
<i>An individual membership is valid for one person and is non-transferrable.</i>		
Full season \$105 <input type="checkbox"/>	July \$65 <input type="checkbox"/>	August \$50 <input type="checkbox"/>
<ul style="list-style-type: none"> <li>- Access to the pool for one person every day for the entire season</li> <li>- Membership in the Clinton Youth Foundation</li> </ul>	<ul style="list-style-type: none"> <li>- Access to the pool for one person from July 5-31</li> <li>- Membership in the Clinton Youth Foundation</li> </ul>	<ul style="list-style-type: none"> <li>- Access to the pool for one person from August 1 through closing day</li> <li>- Membership in the Clinton Youth Foundation</li> </ul>

I have read the COVID-19 Safety Rules and agree that my household and guests will follow these rules.

Signature

Date

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

\_\_\_\_\_

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