

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		
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.		
<p>Full season \$195 <input type="checkbox"/></p>	<p>July \$120 <input type="checkbox"/></p>	<p>August \$85 <input type="checkbox"/></p>
<ul style="list-style-type: none"> - Access to the pool for everyone in your immediate household for the full season - Membership in the Clinton Youth Foundation 	<ul style="list-style-type: none"> - Access to the pool for everyone in your immediate household from July 5-31 - Membership in the Clinton Youth Foundation 	<ul style="list-style-type: none"> - Access to the pool for everyone in your immediate household from August 1 through closing day - 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): _____

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

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: _____
