**2017 - 2018**

**AQUA CLUB WINTER MEMBERSHIP**

**(Non-Summer Member)**

**Names of Swimmers(s) Date of Birth**

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**Address:**

**Phone number (cell):**

**Email:**

**Emergency Contact:**

**PAYMENT**

**Single $550 (includes state tax)**

**Family $880 (includes state tax)**

**Total Paid: Check #: Date:**