**2020-2021**

**AQUA CLUB WINTER MEMBERSHIP**

**(Summer Member)**

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

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

**Address:**

**Phone number (cell):**

**Email:**

**Emergency Contact:**

**PAYMENT**

**Single $330 (includes state tax)**

**Family $525 (includes state tax)**

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

***Mail to:***

**Aqua Club**

**PO Box 82122**

**Kenmore, WA 98028**