

# Cammack Village Pool Membership Application

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Type of Pass:      Single: \_\_\_\_\_ Family: \_\_\_\_\_

<u>Name</u>	<u>Age</u>
1 _____	
2 _____	
3 _____	
4 _____	

<u>Name</u>	<u>Age</u>
5 _____	
6 _____	
7 _____	
8 _____	

\*Family Memberships are for immediate family only Special considerations may be given for grandparents or babysitters

Upon receipt of this membership to Cammack Village Pool, I have received a copy and understand the terms of membership, AND, UNDERSTAND POOL PATRONS SWIM AT THEIR OWN RISK.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Cammack Office Use Only

Price:	Receipt #
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