

**POOL FORM – 2010 SUMMER REGISTRATION**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

TYPE OF MEMBERSHIP: \_\_\_\_\_

**ADDITIONAL FAMILY MEMBERS:**

NAME OF SPOUSE: \_\_\_\_\_

**NAME AND AGES OF CHILDREN:**

_____	AGE _____
_____	AGE _____
_____	AGE _____
_____	AGE _____
_____	AGE _____

AMOUNT PAID \_\_\_\_\_

CA \_\_\_\_\_ CH \_\_\_\_\_ MC \_\_\_\_\_ DATE \_\_\_\_\_