VILLAGE OF BALTIMORE

103 West Market Street
Baltimore, Ohio 43105
(740) 862-4491 Office (740) 862-8099 Pool

2016 SWIMMING POOL MEMBERSHIP APPLICATION

PLEASE PRINT:

LAST NAME:	**FIRST NAME:**
ADDRESS:	**CITY, STATE, ZIP CODE:**
HOME PHONE NUMBER:	**EMERGENCY PHONE NUMBER:**

MEMBERSHIPS (PLEASE CHECK):

- ☐ **SINGLE – VILLAGE RESIDENT $90.00**
- ☐ **SINGLE – VILLAGE NON-RESIDENT $150.00**
- ☐ **FAMILY – VILLAGE RESIDENT $200.00 (family of 4)**
- ☐ **FAMILY – VILLAGE NON-RESIDENT $260.00 (family of 4)**
- ☐ **ADDITIONAL FAMILY MEMBER (resident/non-resident) $20**
- ☐ **BABY SITTER $20 (W/ FAMILY PASS)**

Please list all family members that will be issued a membership card. Please note: Family memberships include parent(s), spouse, and their children (18 years of age and younger) residing at their household. BABY-SITTERS ARE NOT INCLUDED ON A FAMILY MEMBERSHIP. Non factual information provided may result in the loss of membership, with no reimbursement of fee.

CARDHOLDER'S NAME	DATE OF BIRTH	CARD NUMBER
1.		
2.		
3.		
4.		
5.		
6.		

Total Number of Cards to be Issued:_____

By signing this membership application I agree that the information provided above is true and accurate.

BY SIGNING THIS APPLICATION I ALSO UNDERSTAND THAT THE POOL SEASON, INCLUDING DATES AND TIMES THE POOL IS OPEN TO THE PUBLIC, IS DETERMINED BY STAFF AVAILABILITY AND FUNDING FOR POOL OPERATIONS.

I HAVE READ THE ATTACHED INFORMATION AND AGREE THAT I UNDERSTAND ITS CONTENTS.

_____ _____

Signature **Date**

PLEASE NOTE: Children 8 years of age and younger MUST be accompanied by a responsible person over the age of thirteen who will be responsible for the child while he/she is at the Village of Baltimore Swimming Pool.