

BARROWS HOUSE SUMMER MEMBERSHIP APPLICATION 2024

NAME _____

MAILING ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

EMAIL ADDRESS _____

TYPE OF MEMBERSHIP: SINGLE _____ COUPLE _____ FAMILY _____

MIDWEEK MEMBERSHIP	(Sunday 1pm – Friday 1pm only)	Day Pass
SINGLE	\$695	\$50 or 6 for \$250
COUPLE	\$895	\$75 or 6 for \$375
FAMILY (3+)	\$1095	\$100 or 6 for \$500

****Sales tax has been included in the rates above****

FAMILY MEMBERSHIP – LIST NAMES AND AGES OF ALL FAMILY MEMBERS USING YOUR MEMBERSHIP

NAME	AGE
_____	_____
_____	_____
_____	_____
_____	_____

*****Families are defined as immediate family members (parents and their children) to include a babysitter when a parent is not able to be present*****

I have read the enclosed Barrows House Summer Pool & Tennis Membership Guidelines and agree to abide by them.

Signature _____ Date _____

FOR OFFICE USE ONLY			
DATE: / /2024	AMOUNT PAID: \$	INITIALS:	
Day pass tally:			