

River Edge Swim Club, Inc.

P.O. Box 159
River Edge, New Jersey 07661

WAITING LIST QUESTIONNAIRE

W/D _____ AUG.# _____ EVE.# _____

W/L # _____ DATE REC'D. _____

#TKTS _____ TKTS DONE _____

(PLEASE LEAVE BLANK)

My Choice is:

WEEKDAY
\$497.55

AUGUST
\$288.90

EVENING
\$342.40

All Dues include 7% New Jersey Sales Tax

1. Head of Household _____
(ONE PERSON ONLY)

(SPOUSE'S NAME)

Home Address _____

(HOME PHONE)

Email Address _____

(CELL PHONE)

Occupation _____
(YOUR'S)

(SPOUSE'S)

Emergency Contact _____

(CONTACT'S PHONE)

2. Unmarried children, under age 25 permanently residing at above address.

FULL NAME	MONTH	BIRTHDAY DAY	YEAR	RELATIONSHIP	LEAVE BLANK
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. (a) Other Adults: (Grandparents, children over 25 years of age – NEED PROOF OF RESIDENCE) \$25.00 Charge for admission card.

(b) Other relatives permanently residing with you (NEED PROOF OF RESIDENCE) \$50.00 Charge for admission card.

(c) Babysitter (required to be at least 16 years of age - \$75.00 charge per card)

If you would be interested in serving as a Swim Club Trustee, please check here _____

DATE

BONDHOLDER'S SIGNATURE (ONE PERSON ONLY)

Please return **both** copies of this questionnaire with your dues by April 1st. No admission cards will be mailed until this information is received.

Rev. 2008