

SWIM MEMBERSHIP APPLICATION

Brookside Racquet & Swim Club

480 BROOKSIDE AVENUE  
ALLENDALE, NEW JERSEY 07401  
825-7786

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

I agree to abide by the rules and regulations of the club. It is also agreed that my deposit is non-refundable.

Signature \_\_\_\_\_

This application is subject to the action of the membership committee and the right to refuse the application is reserved.

(over)

e:mail \_\_\_\_\_

Adults

Children

Name \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

*Do not write in below*

Please Reserve:

\_\_\_\_\_ Table

Tables are rented for the season on a first come, first served basis.