

# SWIM MEMBERSHIP APPLICATION

## Brookside Racquet & Swim Club

480 BROOKSIDE AVENUE

ALLENDALE, NEW JERSEY, 07401

(201) 825-2665 ; [www.brooksideracquetandswimclub.com](http://www.brooksideracquetandswimclub.com)

Email Address: [brscoffice@aol.com](mailto:brscoffice@aol.com)

Date: \_\_\_\_\_

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

Street: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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.

### 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.