



Old Trail Resident
2016 Membership Registration Form
Please write checks out to OLD TRAIL SWIM CLUB, LLC

Membership Type (check one): **Family (\$750)** **2-Person (\$510)** **Individual (\$370)**

Primary Member

First Name: _____ Last Name: _____ MI: _____

Email: _____ Phone: _____

Mailing Address:

Additional Members:

First Name: _____ Last Name: _____ Over 18? : _____
If under 18, please give age: _____

First Name: _____ Last Name: _____ Over 18? : _____
If under 18, please give age: _____

First Name: _____ Last Name: _____ Over 18? : _____
If under 18, please give age: _____

First Name: _____ Last Name: _____ Over 18? : _____
If under 18, please give age: _____

First Name: _____ Last Name: _____ Over 18? : _____
If under 18, please give age: _____

First Name: _____ Last Name: _____ Over 18? : _____
If under 18, please give age: _____