



8251 Peachtree Ave. | Rockford, MI 49341 | cannonpool.org

November 2017

Dear Friends of the Cannon Pool,

Please be aware that the Babysitter Pass is for active babysitters only and may be used while babysitting only.

There will be a nominal charge for swim lessons.

Internet access (family friendly) is available on pool grounds for FREE.

Guest Passes, if membership is paid by December 31, 2017, will be distributed accordingly:

- Family of four or more will receive 5 free passes
- Triple will receive 4 free passes
- Double will receive 3 free passes
- Single will receive 2 free passes

*Guest Passes may be purchased online (10 for \$45) or at the Snack Shack.

Membership Type	Join by Dec. 31 Returning 2017 Members	Join by Dec. 31 NEW Members	Join AFTER Dec. 31 Returning 2017 Members	Join AFTER Dec. 31 NEW Members
Single Member Tag	\$140	\$152.50	\$150	\$162.50
Two Member Tags	\$280	\$305	\$300	\$325
Three Member Tags (not more than 2 adults)	\$410	\$447.50	\$440	\$477.50
Four or more Member Tags (not more than 2 adults)	\$450	\$500	\$475	\$525
Babysitter Tag <i>(add-on)</i>	\$75	\$75	\$75	\$75

***** No pro-rated rates will be offered in 2018. *****

A registration form has been enclosed for your convenience. If you know of someone new in your neighborhood or anyone interested in joining, please feel free to provide them with a copy of this membership form.

Payment may be made by check or online with a credit or debit card. Checks should be made out to "Cannon Pool." Please check the website for more information: cannonpool.org.

Cannon Pool's mailing address is: Cannon Pool
8251 Peachtree Ave.
Rockford, MI 49341

If you have any questions, please email membership@cannonpool.org, or contact (616) 866-5077 and leave a message. A Cannon Pool Board Member will contact you.

Here's to a great 2018 swim season!

Sincerely,

Cannon Pool Board—Membership Services



8251 Peachtree Ave., Rockford, MI 49341
cannonpool.org

CANNON POOL MEMBER REGISTRATION 2018

*All information must be filled out completely
in order to be processed.*

Checks payable to: **CANNON POOL**

LAST NAME: _____

EMAIL(s): _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ 2ND PHONE: _____

HOW DID YOU HEAR ABOUT CANNON POOL? _____

RETURNING MEMBER FROM 2017? YES NO

HOUSEHOLD MEMBER / BABYSITTER NAME (Please list each member, first and last names.)	BIRTHDAY (Minors only.)	WRISTBAND SIZE (Small 7" or Large 8")	
		Sm.	Lg.
		Sm.	Lg.
		Sm.	Lg.
		Sm.	Lg.
		Sm.	Lg.
		Sm.	Lg.
		Sm.	Lg.

FAMILY DOCTOR(s): _____

INSURANCE CARRIER: _____ POLICY #: _____

*****PROVIDING ANY FALSE INFORMATION ON THIS FORM WILL RESULT IN TERMINATION OF MEMBERSHIP*****

I verify that the information on this form is true to the best of my knowledge. I have read the pool RULES, and have explained them to my family. I hereby grant permission to Cannon Pool the right to use, reproduce and/or distribute photographs and videos of me and the minors listed within my household, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Cannon Pool. I also agree to the waiver of liability.

SIGNATURE: _____

*** POOL USE ONLY ***		
Date Rec'd _____	Date Processed _____	Type of Membership _____
Amount Paid \$ _____	Processed by _____	Check Number/Date _____
Tag #'s _____		
Comments/Notes/Exceptions: _____		

		OK'd by _____