

cannonpool

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

January 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. Swim team is \$40 per member swimmer and \$100 for non-member swimmer.

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

Guest Passes if paid by May 1st: (Memberships paid after May 1st will receive NO free guest passes.)

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

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

Membership Type	Returning Members 2016	New Members 2017
Single Member Tag	\$140	\$152.50
Two Member Tags	\$280	\$305
Three Tags (not more than two adults)	\$410	\$447.50
Four or more (not more than two adults)	\$450	\$500
Babysitter (add-on)	\$75	\$75

Memberships will be accepted from 2016 members first, then to the waiting list starting March 1, through the entire season according to availability and **no pro-rated rates will be offered in 2017.**

A registration form has been enclosed for your convenience. If you know if 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 written out to "Cannon Pool." Please check the web-site for more information. www.cannonpool.org

Our 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 Pool Board Member will contact you. Here's to a great 2017 swim season!

Sincerely,

Cannon Pool Board – Membership Services

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CANNON POOL MEMBER REGISTRATION – 2017

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

CHECK PAYABLE TO: CANNON POOL

LAST NAME: _____

EMAIL(s): _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ 2ND PHONE: _____

HOW DID YOU HEAR ABOUT CANNON POOL? _____

RETURNING MEMBER FROM 2016? YES NO

HOUSEHOLD MEMBER/BABYSITTER NAME (please list each member, first & last)	BIRTHDAY (minors only)	WRISTBAND SIZE (Small 7"/Large 8")
		S or L
		S or L
		S or L
		S or L
		S or L
		S or L
		S or L

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.

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 _____		

CUSTOMER RECEIPT

Date: _____ Customer Name _____ Type of Membership _____

Amount Paid: _____ Accepted by _____ Check Number/Date _____

Comments: _____
