



The Club

AT

SHANNONDELL

2750 Egypt Road • Audubon, PA 19403 • 610-382 -9310

APPLICATION FOR SWIM CLUB MEMBERSHIP

(Please Print)

Head of Household: _____

Address: _____

City: _____ State: PA Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Membership Guidelines

- Single Membership must be held in the name of a person 21 years of age or older.
- Family members listed must be defined as a single person, or husband, and/or wife and whose children or persons who qualify as tax dependents whose permanent residence is the same dwelling.
- Membership rates are for a full season and are non-refundable.

Membership Type

Single Member.....\$388.00 Four Members (Same family).....\$803.00

Two Members (Same family).....\$554.00 Five Members (Same family).....\$829.00

Three Members (Same family).....\$693.00 Six Members (Same family).....\$887.00

Guest Fee: \$10.00 each per day (No Refunds)

- Limited to two guests per family per visit.
- A repeat guest is limited to two visits per month at \$10.00 per day
- Weekly Guest Pass \$50.00
 - Same Person/Guest – Limited to only one guest pass for season

Payment

Check# _____ (Make check payable to The Club At Shannondell)

Visa or MasterCard: Account number _____

Expiration Date: _____ Signature: _____

Members Name - Must be same family or Legal guardian

(First and Last Name)

1.) _____ Age _____

2.) _____ Age _____

3.) _____ Age _____

4.) _____ Age _____

5.) _____ Age _____

6.) _____ Age _____

Signature of Applicant: _____ Date: _____

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The Club At Shannondell use only:

Membership Type: _____ Account # _____



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— AT —
SHANNONDELL

W A I V E R

1. In consideration or being allowed to participate in the activities and swim at the The Club At Shannondell located at 2750 Egypt Road Audubon, Pa. 19403 and to use its facilities, slide, and pool. I do hereby WAIVE, RELEASE, FOREVER DISCHARGE, INDEMNIFY AND DEFEND The Club at Shannondell, Inc as well as each of their investors, affiliates, agents, successors, assigns, employees, representatives and contractors from any and all responsibilities or liability for any death, injuries or damages to myself, to others or to any property resulting from my participation in any activities except to the extent limits by the law.

(Please initial) _____

Date: _____ Signature: _____

Member's Name or Responsible Party (Please print:)
