

Box Hill Community Services Association, Inc.
2920 Strathaven Lane, Abingdon, MD 21009
2021 SPONSORSHIP REGISTRATION APPLICATION

NAME _____

ADDRESS _____

HOME PHONE _____ EMERGENCY PHONE _____ CELL PHONE _____

FAMILY MEMBERSHIP FEE – All Members Must Reside at the Above Address\$475.00

(1st Member must be 21 years or older)

PRIMARY MEMBERS **First and Last Name** **Birthdate Required**

No. 1 _____ _____

No. 2 _____ _____

No. 3 _____ _____

ADDITIONAL MEMBERS (\$50.00 per person for all members 2 yrs of age or older) List all persons who will be using the pool.

Birthdate Required **Additional Fee**

No. 1 _____ _____

No. 2 _____ _____

No. 3 _____ _____

No. 4 _____ _____

LATE FEE (\$35.00 After May 14th, 2021) _____

TOAL DUE FOR FAMILY MEMBERSHIP _____

INDIVIDUAL (21 years of age & older) \$275.00

First and Last Name **Birthdate Required**

No. 1 _____ _____

LATE FEE (\$35.00 after May 14th, 2021) _____

TOTAL DUE FOR INDIVIDUAL MEMBERSHIP _____

COUPLE MEMBERSHIP (Fee Include 2 Members) \$375.00

(1st Member must be 21 years or older)

First and Last Name **Birthdate Required**

No. 1 _____ _____

No. 2 _____ _____

LATE FEE (\$35.00 after May 14th, 2021) _____

TOTAL DUE FOR COUPLE MEMBERSHI) _____

We Have Read and Agree to Abide by the Pool Rules and Regulations Policies and Fees

SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____

SIGNATURE OF BOX HILL NORTH RESIDENT _____

PRINTED NAME OF BOX HILL NORTH RESIDENT _____

ADDRESS OF BOX HILL NORTH RESIDENT _____

OFFICE USE ONLY **RESIDENT'S ASSESSMENT CURRENT** _____ **LOT NO:** _____

FEE PAID \$ _____

AMOUNT

DATE

CHECK NO.

AUTHORIZED SIGNATURE

Box Hill Community Services Association, Inc.
2920 Strathaven Lane, Abingdon, MD 21009

2021 POOL REGISTRATION APPLICATION

Family Name _____ New Member _____
Address _____ Lot # _____ Homeowner _____
Home _____ Cell _____ Emergency _____ Tenant _____

LIMITED MEMBERSHIP ~ Members are entitled to Ten (10) visits only any time/any day

(1st Primary Member must be 18 years of age or older)

	<u>First and Last Name</u>	<u>Birthdate (Required)</u>
No. 1	_____	_____
No. 2	_____	_____
No. 3	_____	_____
No. 4	_____	_____
No. 5	_____	_____
No. 6	_____	_____

Fees: Member: \$175 2 Members: \$225 3 Members: \$275 4 Members: \$325 5 Members: \$375 6 Members: \$425

TOTAL DUE FOR LIMITED MEMBERSHIP \$ _____

Visits are Good for Summer of 2021. No Refunds. Non-transferable.

INDIVIDUAL MEMBERSHIP (Age 18 or Older) or JUNIOR MEMBERSHIP (16/17 Years of Age)\$225.00

	<u>First and Last Name</u>	<u>Birthdate (Required)</u>
Member:	_____	_____

TOTAL DUE FOR INDIVIDUAL MEMBERSHIP \$ _____

LATE FEE \$35.00 after MAY 14, 2021 \$ _____

TOTAL DUE FOR MEMBERSHIP..... \$ _____

WE AGREE TO ABIDE BY THE POOL RULES, REGULATIONS, POLICIES AND FEES.

SIGNATURE _____ DATE _____

OFFICE USE ONLY:

FEE PAID: \$ _____ CK. NO: _____ DATE: _____ DUES CURRENT: YES ~ NO VERIFIED BY: _____

*****See Other Side For More Memberships*****

Box Hill Community Services Association, Inc.
2920 Strathaven Lane, Abingdon MD 21009

2021 Pool Registration Application

Family Name _____ New Member _____
Address _____ Lot # _____ Homeowner _____
Home _____ Cell _____ Emergency _____ Tenant _____

FAMILY MEMBERSHIP (Fee includes first three members)..... \$425.00

(1st primary member must be 18 year of age or older)

	First and Last Name	Relationship to primary member	Birthdate
Member #1	_____	N/A	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____

ADDITIONAL MEMBERS (50.00 each) List any additional family members using the pool.
(Children born in 2018 or after will be free)

Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____

LATE FEE (\$35.00) After May 14, 2021 \$ _____

TOTAL DUE FOR FAMILY MEMBERSHIP \$ _____

COUPLE MEMBERSHIP (Fee includes 2 members)..... \$325.00

	First and Last Name	Relationship to primary member	Birthdate
		(1 st Primary Members must be 18 years of age or older)	
Member #1	_____	N/A	_____
Member #2	_____	_____	_____

LATE FEE (\$35.00) After May 14, 2021 \$ _____

TOTAL DUE FOR COUPLE MEMBERSHIP \$ _____

WE HAVE READ AND AGREE TO ABIDE BY THE POOL RULES, REGULATIONS, POLICIES AND FEES

SIGNATURE _____ DATE _____
SIGNATURE _____ DATE _____

(Parent or guardian for junior membership)

OFFICE USE ONLY:

FEE PAID: \$ _____ CK. NO. _____ DATE: _____ DUES CURRENT: YES ~ NO VERIFIED BY: _____