

ALL APPLICATIONS SHOULD BE IN THE OFFICE BY JUNE 1ST 2019

Toms River County Club Swim Team Application

Please mail back to:

Toms River Country Club
419 Washington Street
Toms River NJ 08753

Family Name _____ Address _____

Phone# _____ Email _____

	TEAM MEMBER	AGE AS OF JULY 1. 2019	BIRTHDATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Please check your choice below:

_____ I filled out separate t-shirt form

Or

_____ I do not wish to order any shirts

FEES; PLEASE NOTE YOUR ACCOUNT NUMBER FOR BILLING _____

1 CHILD \$125 2 CHILDREN \$190 3 CHILDREN \$255 4 CHILDREN \$330 5 CHILDREN \$385

This fee includes \$6 per child Shore Summer Swim League Fee, \$35 per family Awards Fee and \$60 per child Team Membership Fee. If you have any questions regarding the Swim Team, please call Maureen at the business office at 732-349-8855 ext 10

I, (parent/member) _____ agree that I am a Pool or Golf member in good standing.