2011 REGISTRATION STATEMENT

Name	Date_				Amou	unt Enclosed \$
Swim Club Membership F	ees*					
Family — \$495		Se	enior Co	ouple,	one ov	rer 60 — \$332
Individual under 60 -	 \$248	Se	enior In	dividı	ual over	60 — \$166
Name and age of the personnembers must be at least		lual me	mbersh	ip. (<i>A</i>	As a gen	neral rule first-time individual
Name						Age
*Note: First-time member	ers must pay an i	nitiatio	n fee e	qual t	to the so	easonal fee.
	their annual dues check those activity (2) Swim Tear	family, s prior t ities in	\$299 s to April which y	enior 1 can you ha	individudidade deductate special deductate speci	eial interest—
Name	1 —	2	3		•	6
**If you indicate an intere not indicate interest in D	st in Day Camp, in					equests are received. Please do
***If there are eight indivinstructor for a lifeguardin	` •	older) w	ho mee	et the	prerequ	isites, we will try to find an
Please specify other intere	sts or requests—					

Mail the completed form, your check, and the membership application to Indian Acres Swim Club, #1 Arrow Road, Champaign, IL 61821.

APPLICATION FOR INDIAN ACRES SWIM CLUB #1 ARROW ROAD, CHAMPAIGN, IL 61821-0677

Fi	irst Name(s)	Last Name
Home Address		Phone_
Email		Cell Phone
accepted, (we) (I) agree to all safety and enjoyment of all r Initiation Fee (To Adams) Annual Dues (Paya)	or daughter (between)	(n) \$
		\$
I first became interested in Ir A friend whose name is		☐ Welcome Wagon ☐ My children
Husband's Business Address	;	Phone
		Phone
Wife's Business Address		Phone
Wife's Business Address		Phone
Wife's Business Address Children's Doctor Names of Children		Phone
	Age 4	Phone
Wife's Business Address Children's Doctor Names of Children 1	Age45	PhonePhone
Wife's Business Address Children's Doctor Names of Children 1 2	Age45	PhonePhone
Wife's Business Address Children's Doctor Names of Children 1 2 3	Age45	PhonePhone
Wife's Business Address Children's Doctor Names of Children 1 2	Age 4 5 6	Phone