

Application

RIVERDEL SWIM CLUB

BOND HOLDER'S NAME - LAST, FIRST, MI

DATE

ADDRESS

PHONE

OCCUPATION (S)

LIST NAMES - ADULTS		LIST NAMES - CHILDREN	BIRTHDAY	REFERENCE - (CLUB MEMBER)	PHONE#
			/ /	1)	
			/ /	Has anyone ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain on back.	
			/ /	PHONE INTERVIEW ()	BOARD APPROVAL ()
			/ /	ASSIGNED BOND NO.	
			/ /	MARITAL STATUS PREVIOUS BOND HOLDER:	
			/ /	DROP LIST: <input type="checkbox"/> Yes <input type="checkbox"/> No DROP LIST DATE:	
BOND PAYMENT AMT: DATE:		DEPENDENTS OVER 21 LIVING AT BOND HOLDER' RESIDENCE Membership Chairperson:		I hereby certify that all of the following information is correct and I also understand if the information is incorrect I may be removed from the club and forfeit all moneys. _____ signature	