

2020 Seasonal Guest Pass Form for non-Teaneck residents only

Teaneck Swim Club, Inc.
P.O. Box 148
Teaneck, New Jersey 07666

**APPLICATION FOR SEASONAL GUEST PASS PRIVILEGES FOR
THE 2020 SEASON**

TEANECK SWIM CLUB, INC.
C/o Al Taliaferro
P.O. Box 148
Teaneck, NJ 07666

Enclose check payable to:
TEANECK SWIM CLUB
Payment required by **June 15 th**

I would like to apply for special full-time guest privileges for the 2020 season. I have read and agree to all the conditions set forth in this letter. **I have read and agree to abide by the Rules and Regulations of the Swim Club.** Please call **201-836-1977** if you have any questions and wish to speak with the Manager.

FEE: Single = \$ 540

EACH ADDITIONAL MEMBER OF THE SAME FAMILY = \$ 110 EACH

NAME _____

ADDRESS _____

PHONE NO. _____ Number in Family _____ **(PLEASE WRITE APPLICANT
NAME(S) ON THE BACK)**

I have remitted \$ _____ with this application.

Signed: _____

SPONSOR MEMBER NUMBER AND SIGNATURE: _____