ESPER A. PETERSEN FOUNDATION
FAMILY AQUATIC CENTER

Aquatic Center Membership Registration Form

Household Information

Last Name _____

Address _____

_____

Phone _____

Email _____

Office Use Only

web

Family Member Information

First Name	Last Name if different than above	Gender M	Gender F	Birthdate mm/dd/yyyy
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

Membership Information

		Quantity		Renewal*		Regular			Total
Adult	(18 - 59)	_____	×	$65.00	/	$80.00	=		$ _____
Child	(3 - 17)	_____	×	$45.00	/	$60.00	=		$ _____
Senior	(60 +)	_____	×	$45.00	/	$60.00	=	+	$ _____
						Total Due			$ _____

* Only available to previous Aquatic Center Members

Payment Information

☐ Check $ _____ Total Paid _____ Exp. Date

☐ Cash

☐ Visa _____ Card #

☐ Master Card _____ Signature

Aquatic Center Memberships
P.O. Box 325
Grayslake, IL 60030