P.O. Box 343 * Dupo, IL 62239 * 6 Web: www.hilltopp	018-286-9790 erswimclub.c	) (seasonal) Pre-s com - Email: <u>hilltop</u>	y May 26, 2024 eason contact: Salle, 618-799-8001 persswim@gmail.com II that apply)
FAMILY MEMBERSHII \$400. which includes		ate family living in	the same household (rules apply)
SINGLE MEMBERSHIP \$200, this membershi	)		
SENIOR MEMBERSHII	<b>P</b> . \$185, ages	s 65 and above.	
SWIM TEAM ONLY. \$	5150, (18 and	younger, privilege	s during swim team functions only)
Checks made payable Memberships received on/after ope			lit card accepted onsite. naintenance fee.
Primary Member First and Last Name			
City, State, Zip:			
Telephone:	Email	Address:	
Please print each additional immediate their primary member (subject to review Unmarried, children in college (proof re contact the above listed number if you l	w). <u>Children 1</u> quired) under have question	<b>1 and under must b</b> the age of 22 can be s.	e accompanied by a parent/guardian. listed with membership. Please
	Age:	_Sex: <u>M/F</u> DOB:	Relationship:
	Age:	_Sex: <u>M/F</u> DOB:	Relationship:
	Age:	_Sex: <u>M/F</u> DOB:	Relationship:
	Age:	Sex: <u>M/F</u> DOB:	Relationship:
	Age:	_Sex: <u>M/F</u> DOB:	Relationship:
	Age:	_Sex: <u>M/F</u> DOB:	Relationship:
Amount Paid:	Date	:	Form of pymt:

Checks payable: Hilltoppers Swim Club, P.O. Box 343, Dupo, IL 62239. Payment in full must be received to swim. We strongly encourage payment with cash or check if at all possible. Credit card transactions are available but must be made in person at the time of purchase and may be subject to additional fees.

Please circle two dates in which an adult member can participate in the work days. April 27<sup>th</sup> May 4th May 11<sup>th</sup> May 18<sup>th</sup> May 25th