



Carlisle Barracks

“Splash Zone” Swimming Pool

2018 MEMBERSHIP FORM

PLEASE PRINT

MEMBERSHIP

Circle One: Season 2 Month 1 Month 2 Week

Circle One: Renewal New Membership

Circle One: Retired Military Active Duty/Officer Active Duty/Enlisted DoD Civilian

Sponsor Name

Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Sponsor Signature: _____



Additional Family Members:

Additional Family Members (Dependents living in the same household only) using Pool Pass (ages 3 & under are free but should still be listed):

Name	DOB	Name	DOB
Name	DOB	Name	DOB
Name	DOB	Name	DOB
Name	DOB	Name	DOB

REGISTRATION/FEES

Payment must be made at time of registration by Cash, Check, Money Order or Visa/MasterCard. **Checks and/or money orders** should be **made payable to Carlisle IMWRF**. No Refunds without a doctors slip or PCS orders. Refunds will be prorated.

EMPLOYEE USE ONLY _____ Signature Cash Check

_____ Date Money Order Credit Card **Amount:** _____