

**Orchard View Swim Club  
Trial Membership Application  
2010 Swim Season**

Family Name:	
Adult:	Age:
Adult:	Age:
Child:	Age:
Child:	Age:
Child:	Age:
Child:	Age:
Child:	Age:
Child:	Age:
Babysitter:	Age:

Address:		
City:	State:	Zip:
Home Phone: (    )		
Emergency Phone: (    )		
Other Phone: Work Cell (    )		
E-Mail ( <i>required</i> )		
Referred by:		

**Instructions:** Please fill out this form completely and return it with a check (no cash please) made payable to “Orchard View Swim Club” to:

**Orchard View Swim Club  
PO Box 66  
Schnecksville, PA 18078**

**2010 OVSC Trial Membership Fee: \$ 425.00**

OVSC needs all the info above, especially a current e-mail address, to contact you regarding Club business only. We do not share your personal info with anyone.

A “Family” membership is defined as two adults and all dependent children, residing at the same address. Families may also designate a baby-sitter.

***www.ovswimclub.org***