

Twinbrook Swimming Pool
13027 Atlantic Avenue, Rockville
http://www.twinbrookpool.org
2010 Roommate
J/A Membership Application

Mailing Address
Twinbrook Swimming Pool
P.O. Box 705
Rockville, MD 20848

Roommate Membership Description

- 3 or 4 adults (all over 18) sharing a residence
- Additional dependent children are \$35 for summer members/\$25 for certificate members – (*contact TSP board for application addendum*)
- Additional adult in-residence are (\$100 for summer members/\$85 for certificate members – (*contact TSP board for application addendum*))

Base Price: \$275

Were you sponsored? Sponsoring Family:

Additional Discounts (*you may circle only one!*)

Are you Active Military?	-\$50
Are you Police/Firefighter/EMT?	-\$50
Are you 62 or over?	-\$50

2010 J/A Roommate Membership

Address _____

City, State, Zip _____

Applicant #1 Information

Last Name _____ First Name _____

Phone _____ Work Phone _____

E-mail(s) _____

Applicant #2 Information (must share residence with Applicant #1)

Last Name _____ First Name _____

Phone _____ Work Phone _____

E-mail(s) _____

Applicant #3 Information (must share residence with Applicant #1)

Last Name _____ First Name _____

Phone _____ Work Phone _____

E-mail(s) _____

Applicant #4 Information (must share residence with Applicant #1)

Last Name _____ First Name _____

Phone _____ Work Phone _____

E-mail(s) _____

Certificate Number or Summer Membership Number (*if known*) _____

LIABILITY WAIVER/HOLD HARMLESS AGREEMENT
By signing below I agree that I am voluntarily participating in activities and use of facilities and premises (including the parking lot) and assume all risk of injury, illness, damage or loss to me, my guests, or to my property. I further agree that I shall hold this club, its directors, and agents harmless from any and all loss, claims, injury, damages or liability.

Compute Cost (fill in eligible discounts)

Original Price	\$275
Additional Discount	
Actual Price*	

Sign below and return form and check, made payable to Twinbrook Swimming Pool, P.O. Box 705, Rockville, MD 20848. If paid using credit card online, please attach a copy of the online receipt.

All names below agree to abide by the rules stated by Twinbrook Swimming Pool. Signers verify that all information supplied on this application is correct.

_____ Print Name 1	_____ Signature	_____ Date
_____ Print Name 2	_____ Signature	_____ Date
_____ Print Name 3	_____ Signature	_____ Date
_____ Print Name 4	_____ Signature	_____ Date