



**Woodloch Springs Sports Complex**  
**WAYNE MEMORIAL HOSPITAL AUXILIARY APPLICATION**

NEW  RENEWAL  ADD ON

Name of Applicant: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Badge # \_\_\_\_\_  
 (Couple Membership \_\_\_\_\_ D.O.B. \_\_\_\_\_ Badge # \_\_\_\_\_

Identified: \_\_\_\_\_ Badge # \_\_\_\_\_  
 Identified: \_\_\_\_\_ Badge # \_\_\_\_\_  
 Identified: \_\_\_\_\_ Badge # \_\_\_\_\_  
 Identified: \_\_\_\_\_ Badge # \_\_\_\_\_

Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

<u>Sports Complex Membership Terms</u>		
	6-Month	Annual
Single	<input type="checkbox"/> \$285	<input type="checkbox"/> \$405
Couple	<input type="checkbox"/> \$395	<input type="checkbox"/> \$615
Additional Identified	<input type="checkbox"/> \$85	<input type="checkbox"/> \$130

Additional identified memberships available after couple membership is purchased and must live in the same household. Unidentified memberships are not available.

**Membership Terms:**

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Membership Fee: \_\_\_\_\_ Check # \_\_\_\_\_  Master Card  Visa  Amex  Discover  Gift Certificate

I/we hereby agree to abide by all the rules and policies of Woodloch Springs including in particular any rules governing the use of the Indoor Sports Complex. Woodloch Pines, Inc. reserves the right to revoke my/our membership should I/we fail to adhere to the Community Rules or the rules established for the operation of the Indoor Sports Complex. I understand my membership does not include the use of the outdoor pool.

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Upon acceptance of your application, all members will be required to obtain an identification pass with photo id at the Complex reception desk*

*Contact the Sports Complex at 570-685-8143 for Membership or Program/Events Information.*

Date Processed: \_\_\_\_\_  
 Date I.D. Computer: \_\_\_\_\_  
 Initials: \_\_\_\_\_