



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: _____