

**Spalding Swimming Pool Inc
Season Ticket 2023 - 2024**

Contact Information

Name: _____ Email: _____
Address: _____ Phone No: _____
Emergency contact: _____ Phone No: _____

<u>Surname</u>	<u>Given Name</u>	<u>Age</u>	<u>Relevant Medical Information</u>

Any other relevant details: -

Membership type		Daily Entry Fee
Family membership	\$100	N/A
Single Adult membership	\$50	\$5
Student membership	\$30	\$5
2 years and under	N/A	Free

Please circle

Payment Method e.g. Cash/Cheque/Direct debit/Square

PLEASE NOTE NEW BANK ACCOUNT DETAILS

(Please circle) Cash Cheque Direct Debit Square

Email back to chrissy.Rose5@outlook.com

Remittance

.....
Receipt: (to be completed by whom receives the cash or cheque if paying via direct debit this will be emailed to you)

Spalding Swimming Pool Inc **Date** _____

BSB:085 558

ACC NO:708 154 486

Name: _____

(Payer's name)

Amount: _____ Received by: _____
