**** **BELGRAVE HEATED OUTDOOR POOL 2020/2021**

# Membership Application Form

# Please return to RAYANNE at belgraveodp@belgravialeisure.com.au

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | DOB: |  |
| Address: |  | | | | | |
| Suburb: |  | | Postcode: |  | | |
| Email address: | |  | | | | |
| Home phone: | |  | Mobile Phone: |  | | |

**Emergency Contact Details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **(√)** | **Season Pass type** |  | **Early Bird**  **From Monday 12th October to Sunday 1st Nov 2020** | **Price** |
|  | **Single Adult season pass** |  | □ $154.00 | □ $161.50 |
|  | **Single Concession season pass** |  | □ $123.00 | □ $129.00 |

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| Additional Family members (Family season pass only**) NOT AVAILABLE DURING COVID RESTRICTIONS** | | | |
| Adult 2: | NOT AVAILABLE DURING COVID RESTRICTIONS | DOB: |  |
| Child 1: |  | DOB: |  |
| Child 2: |  | DOB: |  |
| Child 3: |  | DOB: |  |

|  |  |  |
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| **(√)** | **Multi Visit Pass type** | **Price** |
|  | Family season pass (2x adults & 3x children) **NOT AVAIALBLE THROUGH COVID RESTRICTIONS** |  |
|  | Adult 10 pass | $45.00 |
|  | Concession 10 pass (please present student, senior or healthcare card) | $36.00 |
|  | Pension 10 pass (please present pension card) | $31.50 |
|  | Child 10 pass (5 – 15 years old) **NOT AVAILABLE THROUGH COVID RESTRICTIONS** |  |

**Payment Method: CASH UNABLE TO BE TAKEN THROUGH COVID RESTRICTIONS**

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|  |  |  |  | Cheque – personal details MUST be supplied on reverse side |

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|  | **Visa** |  |  | **Master Card** | **CCV# …** |  |

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| Card No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Card Name |  |  |  |  |  |  | Expiry |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Price | $ |  |  | Signature |  |  |  |  |  |

**Members signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Enter onto Computer |  |  | Allocate a Card |

**Staff Requirement:**

image002

**Please attached the receipt of payment to this paperwork**