2025 Seasonal Membership Application Movaone Community Pool

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2311 Bryan Point Road, Accokeek, Maryland		check # Staff signature					
 Select a membership category (does not apply to those in the Moyaone Reserve): <u>Family</u>: all persons living in a single household during the current year swim season <u>Couple</u>: any two persons living in a single household during the current year swim season 		Date					
				• <u>Individual</u> : one person 16 years of age or older			
				Memberships are not transferable.	Swim Team & Cam	p Rates	
				Family \$550 Swim Team Family			65
Couple \$445	Swim Team Pair (1 adult + 1 child) \$390						
Individual \$315 Swim Team Individual \$225		25					
Fees subject to change next season	Camp participant over 2 weeks \$100						
· · · · · · · · · · · · · · · · · · ·	Pay Online at www.moyaone. le to The Moyaone Association	org/pool/					
Name, Head of Household:							
Address:							
City:	State:	Zip:					
Phone: Cell Hor							
Email		- · ·	_				
		J					
Names of family members to be included in n	tempership plus ages of child	Age if child	Parent's Initials				
Ivanie		Age ii ciiiu	Farent's initials				
Children under the age of 12 must Children must pass the Red (be supervised by their parent or th Cross Swim Test to use the deep en		е.				
Fees must be paid in full at the time of entry. Me	embership fees may be paid by	cash, check, or on	line. NO REFUNDS.				
Email a clear, legible image of this completed form							
Payment box above) and your payment to compt	roller@moyaone.org. The Pool	Manager or their a	authorized staff will				
retain the completed paper application and in-per							
invoiced with added transaction fees for missing, la		,	,				
Lacorata was the second							
I agree to pay \$ which is enclosed			=				
the operating rules and regulations of th							
responsibility for use of the pool for myself, n							
comply with the rules may constitute cause a	nd grounds for cancellation as	nd forfeiture of m	embership in the				
Moy	aone Community Pool.						
Sign:		ate:					
Jigii.	D	aic.					

IN-PERSON PAYMENT RECEIPT

Select the payment method: