Delaware County Rec Center Membership Application

P.O. Box 361 200 East Acers Street
Manchester, IA 52057
563-927-8027 563-920-9159

Name: _____ Date of Birth: _____
(Please Print)

Address: _____ City: _____ Zip: _____

Phone: _____ Emergency Contact (Name): _____

☐ New Membership ☐ Renewal Emergency Contact (Phone): _____

Please check type of membership and length.

Membership Type	Annual	Three Month	Monthly
☐ Single	☐ $250	☐ $105	☐ $45
☐ Couple	☐ $330	☐ $135	☐ $60
☐ Family	☐ $420	☐ $175	☐ $80

Special Memberships	Six Month	Three Month	Monthly
☐ Single Walkers Only	☐ $130	☐ $80	☐ $35
☐ Couple Walkers Only	☐ $200	☐ $115	☐ $50

Please list below the names of **(all)** members applying for memberships that reside in your household. If this is a renewal please include current card number. **Please check the appropriate box for each member. List ages of all children, under the age of 18.**

Card #	Name	Adult	Child	Card #	Name	Adult	Child

Payment made by: ☐ **Check** (Check #) _____ ☐ **Cash**

Please read the following and sign below: I (we) understand that the use of this facility and/or the equipment is at my (our) personal risk. Horseplay, vulgar language, abuse of the equipment or other inappropriate behavior will not be tolerated. This is a drug, alcohol and tobacco free facility. All guests must pay a $5 daily fee upon arrival. I (we) fully agree to abide by all rules, regulations and policies set forth by the Delaware County Rec Center or it may result in membership termination.

Notice: No one under the age of 18 is allowed in the Rec Center when the desk is not staffed, unless the child has a supervising adult with them. Allowing a child to use an adult card to gain access to any area will result in membership termination of everyone listed on the membership application form. We are closed the week of the Delaware County Fair.

Non-sufficient funds: There will be a $35 fee charged for all non-sufficient fund checks and memberships will be suspended until all fees are paid.

Signature: _____ **Date:** _____

For office use only:

Accepted by: _____	**[ ] Money Received**	**Total Paid:** _____
Membership from _____ **to** _____		