

MENOHER SWIM CLUB

464 Ligonier Pike, Johnstown, PA 15905

814-792-5850

MenoherSwim@gmail.com

Check us out on Facebook!

Dear Member,

We again invite you to join our swim club for the 2019 season!

We appreciate your continued business and recognition of a safe, clean, fun environment for you and your families to enjoy. To help us with projection for the summer, we ask that you get your applications returned in a timely manner. We are always looking to expand our membership, so spread the word to family and friends who may be interested, we will be happy to send them an application. I look forward to making it a fun place to play and relax for the families.

SWIM LESSONS & WATER AEROBICS AVAILABLE, LOOK FOR SIGN-UPS THE FIRST WEEK OF JUNE!!!

For information on our swim team, coached by Denny Hartnett, please call Jen Kohan at 814-421-5214.

The snack bar will be open daily for ice cream, drinks and your favorite snack bar foods.

The Club Picnic will be held on June 29, 2019.

Normal hours of operation will be 12:00 PM to 8:00 PM daily, rain or shine, beginning June 1, 2019 and ending August 24, 2019.

For additional information or any questions, please feel free to call or send an email and I'll be happy to assist you.

CAN'T WAIT TO SEE YOU ALL!

Nathan Matera



PAID BEFORE 4/30/2019		PAID AFTER 4/30/2019	
Family	\$375.00	Family	\$425.00
Couple	\$325.00	Couple	\$375.00
Single	\$300.00	Single	\$350.00

MEMBERS ARE RESPONSIBLE FOR THE FEES AND BEHAVIOR OF THEIR GUESTS.

GUEST FEES ARE \$8.00 PER GUEST, PER DAY.

GUESTS LIMITED TO THREE VISITS PER SEASON PER GUEST

PLEASE SEND APPLICATIONS TO THE ABOVE ADDRESS

CHECKS PAYABLE TO MENOHER SWIM CLUB

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Membership Application Form

Name: _____ Birthdate: _____

Address: _____

Home Phone: _____ Work: _____

E Mail: _____ Cell: _____

Spouse: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Dependent: _____ Birthdate: _____

Emergency Contact Information: Please list someone other than the persons listed above who can be reached for any of the family members.

Name: _____

Phone: _____

Special Information: _____

Type: Family _____ Couple _____ Single _____

NOTE: By signing below, you agree to membership contingent with the club rules and regulations. Rules will be enforced by club employees, and non-compliance of our rules may result in revocation of club membership, at the discretion of the management. We will be happy to provide you with a copy of our rules at your request. Thank you.

Member Signature

Manager Signature