

THE BOTKINS POOL COMMITTEE, INC
P.O. BOX 172 - BOTKINS, OH 45306
(937) 693-3017
www.botkinspool.com

2024 MEMBERSHIP FORM

Name: _____ Contact Phone Number: _____
Address: _____ Backup Contact Number: _____

Memberships

*Family \$150.00 _____ (Those living in one household/address, until HS graduation. After HS graduation living at same address \$15 additional.)

Single \$90.00 _____

Swim Team \$75.00 _____ (Minimum needed for participation in Swim Team. Allows access to all swim team activities. No access during pool hours of operation. Each additional swim team member in family is \$15. Please list all that apply in "children" section below.)

Pool party \$175.00 Date Requested: _____ (Date must be confirmed with manager during regular business hours)

Wife: _____ Husband: _____

Children: _____ Age: _____

*You may add grandparents or a babysitter (13 years of age or older) to the family membership for \$15 each. Please list them in the Children section and label (GR – Grandparent or BA – Babysitter) **Babysitter must accompany children at pool to enter on pass.**

Botkins Memorial Pool Improvement Fund Donation: _____

(This is a long-term fund that has been set up by the Pool committee to help fund major improvements or replacement in the future. This fund is held with The Community Foundation of Shelby County.) See www.botkinspool.com for more information.

Donation for pool maintenance and improvements: _____ amount

Volunteer for pool committee: yes or no

For pool use only:

Date payment received: _____ Check amount: _____ Cash amount: _____

Received by: _____

Make checks payable to: THE BOTKINS POOL COMMITTEE, INC