## **Smyrna Swim Club**

At this time, we are at full capacity, but are accepting submissions to be on the waiting list. If you are interested in having your name placed on the waiting list, please complete the form below and mail to Smyrna Swim Club, P.O. Box 341, Smyrna, DE 19977.

| Date:      |                 |   |                      |                      |          |
|------------|-----------------|---|----------------------|----------------------|----------|
| Name:      |                 |   |                      |                      |          |
| Phone Nur  | mber:           |   |                      |                      |          |
| Email Add  | lress:          |   |                      |                      |          |
| confirm th | at we have rece | lude a legible e-mail o<br>rived your wait list for<br>list form, please cont | m. If you do not red | ceive an e-mail in t | wo weeks |
| Address: _ |                 |   |                      |                      |          |
|            | type of member  | rship:  |                      |                      |          |
| Single     | Couple          | Family of 3-5   | Family of 6+         |                      |          |

\*Please note- Waiting list forms are filed in the order they are received. Current members have until March 31<sup>st</sup> to renew their membership. If there are any openings at that time, membership forms for the upcoming season will be mailed to those on the waiting list in that order. New members from that mailing will be accepted on first come first serve basis. If you choose not to join at that time, you are no longer on the waiting list. You may send in another form to rejoin the waiting list. Please do not send payment until you have received a membership form. \*