



2025 CRYSTAL LAKE POOL MEMBERSHIP APPLICATION

Applicants:

NAME	ADDRESS	PHONE
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Type of Membership: (please check one)

- | | | |
|---|--|-------|
| FAMILY –As defined by Resolution # 2025-032..... | \$265.00 | _____ |
| INDIVIDUAL - Adults (ages 4 to adult) | \$ 80.00 | _____ |
| GUARDIAN - Non Resident (a letter from parent/guardian required)..... | \$110.00 | _____ |
| NON-RESIDENT | \$475.00 - 1st Member, \$175.00 each additional member | _____ |
| NON-RESIDENT FAMILY PLAN (mother, father and two or more children)..... | \$725.00 | _____ |
| SINGLE ADMISSION DAY GUEST PASS TO SEASON PASS HOLDER..... | \$ 20.00 | _____ |

Please print all names: (PROOF OF DEPENDENT STATUS MUST BE PROVIDED EACH YEAR)

TEST: Can individual(s) be included and/or claimed on 2024 Federal Income Tax Return?

ADULT: _____

ADULT: _____

CHILD: _____ AGE: _____ CHILD: _____ AGE: _____

CHILD: _____ AGE: _____ CHILD: _____ AGE: _____

Children 3 Years of Age and Under Will Be Admitted Free With an Adult

Proof of Residence and Children's Dependency MUST be provided in the following formats (photographs are not acceptable):

- | | | |
|----------------------------|-----------------|--|
| _____ Driver's License | _____ Tax Bill | _____ Utility Bill |
| _____ Birth Certificate | _____ HMO Card | _____ Court Decree |
| _____ Social Security Card | _____ FORM 1040 | _____ Domestic Partnership Certificate |

Resident's Certification: I, do hereby certify that the information provided on this application form is correct, that **the individuals listed are residents of the Township of Haddon and dependent children are 18 years of age or under.** I understand that the Township of Haddon will not be held responsible for lost or misplaced tags, and that tags are not transferable and non-refundable. I agree to abide by all rules and regulations of the Hardenbergh Recreation/Crystal Lake Pool Facility. It is further understood that submitting false information and failure to abide by the rules and regulations of the facility will result in penalty of losing my membership privileges and fees.

Applicants Signature

Date

* * * * *

(For Office Use) Tag No(s). Issued: _____

Date: _____ Fee Paid: _____ Initials: _____