UPPER MACUNGIE TOWNSHIP SPLASH PARK MEMBERSHIP



Name:	ame:#of Family Members:		family Members:
Address:			
Phone: F		Email:(Print clearly)	
		(Print clearly)	
Chose Annua	al Membership:		
☐ UMT Resident (\$10)		□ Non-Resident (\$20)	
Cards may be l	kept for use next seas	on. Memberships must be pu	rchased each year.
Access Card			
☐ New card (\$10 deposit)		☐ Re-Activate card (no deposit)	
Splash Park	Rules of Use, and	_	agreeing to read and follow the e accessible to me on the g.
Signed:			Date:
Office Use:	Date received:	Amount:	Check #:
	Card #:	Activated on:	Activated by:
	Card returned:	Deposit returne	ed:

Please make checks payable to "Upper Macungie Township" 8330 Schantz Road, Breinigsville, PA 18031. Questions: Contact Lynn Matula, UMT Recreation & Events Coordinator recreation@uppermac.org, 610-395-4892