

UPPER MACUNGIE TOWNSHIP SPLASH PARK MEMBERSHIP

Name:			#of Family Members	:
Address:				
Phone:		Email:(Print clearly)	
Chose Annua	l Membershi	<u>p</u> :		
□ UMT Resid	dent (\$10)	□ Non-Resident (\$20)	: (\$15)
Cards may be k	ept for use next	season. Memberships mu	st be purchased each year.	
Access Card:				
□ New card	(\$10 deposit)		
Splash Park	Rules of Use,		p I am agreeing to read hat are accessible to n ouilding.	
Signed:			Date:	
Office Use:	Date received	l: Amoun	t: Check #:	
	Card #:	Activated on:	Activated b	y:

Please make checks payable to "Upper Macungie Township" 8330 Schantz Road, Breinigsville, PA 18031. Questions: Contact the UMT Recreation Department at recreation@uppermac.org. 610-395-4892