

MAYOR NICHOLAS J. SACCO  
AND  
COMMISSIONER ALLEN PASCUAL

# **NORTH BERGEN MUNICIPAL POOL REGISTRATION**



RATES  
FROZEN

## **2010 REGISTRATION :**

at

**NORTH BERGEN RECREATION CENTER**  
**6300 MEADOWVIEW AVE**  
**NORTH BERGEN, NJ 07047**

**STARTING: MONDAY APRIL 5, 2010**

**Time: 10:00 am - 3:00 pm (Monday-Friday only)**  
**Wednesday Evenings: April 7, 14, 21, 28 (5pm-8pm)**  
**Saturday April 10, 17, 24 (10am-1pm)**

## **This Year**

Register during first week of  
registration and receive 3 free guest  
passes per Family Membership\*\*  
(APRIL 5— April 10TH )

**ONE WEEK ONLY**

## **REGISTRATION:**

at

**North Bergen Pool**  
**2111 91 st street**  
**North Bergen, NJ 07047**  
**May 5, 12, 19**  
**Wednesday Evenings**  
**Only**  
**Time: 5:00 pm - 8:00 pm**

***\*\*Early Registration  
deadline—May 14 th\*\*  
Rates go up***

FOR MORE UPDATED INFORMATION  
Web site: [www.northbergen.org](http://www.northbergen.org)

**NORTH BERGEN MUNICIPAL  
SWIMMING POOL COMPLEX  
2111 91 STREET-NORTH BERGEN, NJ**

**Please Print**

**Name of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_ **City & State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone** \_\_\_\_\_

**E - Mail Address (Print Clearly)** \_\_\_\_\_

<b>MEMBERSHIP PLANS – SELECT ONE:</b>		<b>RESIDENT</b>	<b>AFTER 5/14/2010</b>	<b>NON-RESIDENT</b>
<b>A.</b>	<b>Individual Membership (13-61)</b>	\$175.00	\$200.00	\$300.00
<b>B-</b>	<b>Family of Two **see below**</b>	300.00	345.00	500.00
<b>C-</b>	<b>Family of Three</b>	350.00	400.00	575.00
<b>D-</b>	<b>Family of Four (each addl .child \$25.00)</b>	375.00	430.00	650.00
<b>E-</b>	<b>Individual Senior Citizen (62 &amp; over)</b>	100.00	115.00	200.00
<b>F-</b>	<b>Individual Sponsor child (under age 13)</b>	100.00	115.00	200.00

**\*\* Family consists of immediate family- Mother/ father and children \*\***

**\*\* Family of two consists of married couple, or single mother/father and one child\*\***

**Birth certificates mandatory for all children.**

**Two forms of proof of residency also required (Current gas, electric, phone or tax bill.)**

**Form of payment: Money orders, personal checks, certified checks, or credit cards only (NO CASH).**

**Make checks payable to: North Bergen Swimming Pool**

**There will be a service charge of \$25.00 for all returned checks.**

**LIST NAME AND BIRTH DATE OF ALL MEMBERS AND SCHOOLS FOR ALL CHILDREN:**

<b><u>NAME</u></b>	<b><u>BIRTH DATE</u></b>	<b><u>SCHOOL</u></b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **Date** \_\_\_\_\_

**I have read, understand, and will abide by all Swim Center rules and regulations.**

**Type of plan** \_\_\_\_\_ **Amt paid** \_\_\_\_\_ **Form of payment** \_\_\_\_\_ **Date pd** \_\_\_\_\_ **Received by** \_\_\_\_\_