03/19/23



Hill Heights Country Club, Inc. PO Box 296, Destrehan, LA 70047

Amt. Paid \$	
Check #	

Swim Team Only (STO) Pool Membership Application

Name:		Phone:	Phone:	
		Phone		
Address:				
Email:				
Spouse's email:	Occupation:			
Name of Swimmers	Age	Birthdate	Sex	
		_		
How did you hear about us?				
Swim Team Only Membership	Fees and Inform	ation:		
		<u>One-time Only</u> . Pay \$300 plus Only good for swim team usag		
 For Family use of the pool hours will be required for 2 		pay an additional \$250.00. 6 I vim team work hours.	nvitational work	
Convert to Full Member by	7/15/23 by paying \$	\$250.00. Dues Payments do no	t start until 10/1/23.	
 A separate application mus <u>hurricanesswimming@gma</u> 		or swim team members. Please rmation.	contact	
Signature:		Date:		