04/11/2025



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

Amt. Paid \$	
Check #	

Swim Team Only (STO) Pool Membership Application

Name:	Phone:		
Spouse's name:	Phone		
Address:			
Email:	Occupation:		
Spouse's email:	Occupation:		
Name of Swimmers	Age	Birthdate	Sex
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How did you hear about us?	·		
Swim Team Only Membersh	ip Fees and Inform	ation:	
(1) swimmer and \$70 pe	er additional swimmer.	One-time Only. Pay \$320 plus This registration includes the i od for swim team usage, no ot	nvitational fee at the
For Family use of the portion	ol through Invitational,	pay an additional \$250.00 plus	s tax (\$275.00).
Convert to Full Member I	by 7/15/25 by paying \$	250.00. Dues Payments do no	ot start until 10/1/25.
 A separate application m hurricanesswimming@gr 		or swim team members. Please rmation.	e contact
Signature:		Date:	

Email completed applications to https://html.ncm.nev@gmail.com. Mail completed applications plus the \$350.00 and \$70/additional swimmer to PO Box 296, Destrehan, LA 70047. All checks made payable to Hill Heights Country Club. ACH Payments or credit card payments can be made in lieu of mailing a check. Please contact hhccmoney@gmail.com for more information.