



2018 TRIAL MEMBERSHIP

The Kemp Mill Swim Club will be offering TWO short-term Trial Memberships this year - a great way to check out our pool this summer. You pick the start date!

Invite friends and neighbors to sign up now!

6-WEEK TRIAL MEMBERSHIP* - \$250

The 6-Week Trial Membership allows a family to experience and enjoy KMSC for six full weeks this summer. During the five weeks you are entitled to all member benefits and events. We have a great playground, newly renovated kiddie pool, water slide, outdoor recreation equipment, a snack bar, and wi-fi. We hold weekly family activities like Raft Night, Pizza Night, and many other social events! Your guests may join you for a reasonable fee. Six-week members may also take advantage of swim lessons being offered by KMSC staff. You may convert your 6-week Trial to a 10-week Trial at any time. *(Ask about the best start date if you want your 6-week Trial to match the Swim Team season.)*

10-WEEK TRIAL MEMBERSHIP* - \$425 SALE: \$375 through June 3, 2018

The 10-week Trial Membership entitles you to a longer summer experience with the additional opportunity to join our swim team – the Kemp Mill Kangaroos! This is an excellent opportunity for your child to improve their swimming and to be part of the team. Practices are held throughout the week with swim meets held on Wednesdays evening and Saturday mornings. We are looking forward to a fun and exciting season!

Questions? Contact Amie Wohlfarth at kmsc-membership@kempmill.org or call 240-505-6659. Or visit us at swim.kempmill.org or on Facebook.

***The 6- and 10-week Trial memberships are for NEW MEMBERS ONLY and only for one season. The 6- or 10-week Trial is for one continuous period.**

Simply complete the attached form with a check made out to the “Kemp Mill Swim Club” and mail both to: Amie Wohlfarth, KMSC Membership Director, 1453 Casino Circle, Silver Spring, MD 20906. Or stop by our pool and complete your form and payment there.

Payments may also be made using Paypal at swim.kempmill.org or by credit card at our pool (Paypal fee applies).

We want grow our Club to grow in our community and welcome all of our neighbors and friends to become members of the Kemp Mill Swim Club. Please pass along this flyer to anyone who may be interested.

Still want to know more? Check us out using a **Free One-Day Family Pass** on our website. Contact Amie with any questions or ask us when you visit. **Or visit our Open House on Sunday, June 3rd from 1-5pm this year.**

Kemp Mill Swim Club Trial Membership Form- 2017

The 6- and 10-week trial memberships are for **NEW MEMBERS ONLY** and only available for one summer. You will be entitled to receive all member benefits including access to the Kemp Mill Swim Team and swim lessons. You choose the start date and the 6- or 10-week Trial period is continuous from that date. A 6-week trial may be converted to a 10-week trial at any time and we have affordable options to become full members of the Club at the end of your Trial membership.

Trial Memberships allow for up to two adults and children living within the same household.

	COST	AMOUNT DUE
6-WEEK TRIAL MEMBERSHIP	\$250.00	_____
Each additional family member 22 or older as of 5/1/2018 residing in the home who will use the pool	\$90.00	_____
		Total Due _____

OR: -----

	<u>COST</u>	<u>AMOUNT DUE</u>
10-WEEK TRIAL MEMBERSHIP	\$425.00 \$375 through 6/3	_____
Each additional family member 22 or older as of 5/1/2018 residing in the home who will use the pool	\$90.00	_____
		Total Due _____

DESIRED START DATE: _____

Payments can be made via check made out to “**Kemp Mill Swim Club**” and sent to Amie Wohlfarth, KMSC Membership Director, 1453 Casino Circle, Silver Spring, MD 20906. Payments may also be made using Paypal at swim.kempmill.org or by credit card at our pool (Paypal fee applies). **A \$25.00 fee will be charged for bounced checks.**

↓ **IMPORTANT: COMPLETELY FILL OUT THIS SECTION BELOW** ↓

Adult Name 1	Adult Name 2
Email Address 1	Email Address 2
Street Address/City/State/Zip Code	
Home Phone:	
Cell Phone 1:	Cell Phone 2:

OTHER INDIVIDUALS IN THE HOUSEHOLD

Name	Age as of 5/1/2017	Gender (M or F)	Date of Birth (required)

(Continue on back as needed.)

I certify that the names listed above are those in my family actually residing in my household.

(Signature)

(Date)

Referring Member: _____