

Give this Application to a Friend and Earn \$25 if They Join GWP - UNLIMITED

**GULFWOOD RECREATION ASSOCIATION
GULFWOOD POOL MEMBERSHIP APPLICATION**

Family Name	
Address	
Home Telephone	Work Telephone
E-Mail Address (optional)	

FIRST NAMES OF FAMILY MEMBERS	AGES of Children	FIRST NAMES OF FAMILY MEMBERS	AGES of Children

If a GWP member recruited you, please list their name below:

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Please list the names of up to 2 “non-pool members” who have your permission to bring your child to the pool

(1)	(2)
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PLEASE CHECK APPROPRIATE MEMBERSHIP TYPE BOX ()

() Family (\$300) () Single Parent Family (\$240) () Adult Couple (\$210) () Adult Individual (\$175)

*** Senior 50% discount to Gulfwood subdivision resident seniors (60+) NOT AVAILBLE FOR FAMILY MEMBERSHIPS**

EMERGENCY TREATMENT PERMISSION

In the event there is an emergency and I cannot be contacted, I give the staff of the Gulfwood Pool permission to take my child to Park West Hospital for emergency treatment.

Parent or Guardian Signature _____

PLEASE RETURN THIS APPLICATION TO THE POOL OFFICE OR TO:

**Vance Tisdale
1435 Hawks Landing Drive, Knoxville, TN 37931 539-4007**

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