

Date: _____

Family Name: _____

List all family members: _____

(For purpose of this fee, a family is defined as parent(s) or legal guardian(s) and child(ren) under age 18 residing in the same household.)

Mailing Address: _____

Telephone Number(s): _____

**Wells Municipal Swimming Pool
Payment Plan for Annual Family Membership Admission Fee**

1. Payment plan is only available for Annual Family Membership (\$ 535.00 or more).
2. Membership Admission Fee is \$535.00 for a family of 4. Each additional child is \$50.00.
3. There will be a \$ 5.00 Payment Plan Fee.
4. Payment will be made in three monthly payments.

Month 1	\$ 180.00	Plus each additional child x \$ 20.00
Month 2	\$ 180.00	Plus each additional child x \$ 15.00
Month 3	\$ 180.00	Plus each additional child x \$ 15.00
5. Payments are due on the 1st day of each month that the pool is open. (Examples: If the 1st is on Sunday and pool is closed, payment is due on Monday. Pool is closed on January 1, New Year's Day, so payment is due on January 2nd.)
6. No payments will be accepted past the 10th of the month and all previously paid money will be forfeited.
7. No admittance will be allowed if payments have not been made as required.
8. Admittance will be annually from date of first payment.
9. Payment Plan is effective October 1, 2013 and does not apply to previously paid fees.

I have read the above conditions for payment plan purchase of an Annual Family Membership Admission Fee for Wells Municipal Pool, understand these conditions and agree to abide by these conditions.

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For Office Use Only

Payment #1

Date: _____ Amount: \$180.00 + _____ x \$20.00 = \$ _____
of Additional Children Staff Signature

Payment #2

Date: _____ Amount: \$180.00 + _____ x \$15.00 = \$ _____
of Additional Children Staff Signature

Payment #3

Date: _____ Amount: \$180.00 + _____ x \$15.00 = \$ _____
of Additional Children Staff Signature

