



Riegel Ridge Community Center Pool
 910 Milford-Warren Glen Rd.
 Milford, NJ 08848
 908-995-9260
 www.riegelridgecc.org

RIEGEL RIDGE COMMUNITY CENTER 2024 POOL MEMBERSHIP APPLICATION

Please indicate type of membership desired. (Membership descriptions on next page.)

Checks are payable to "Holland Township"

HOLLAND TOWNSHIP RESIDENT		NON-RESIDENT	
FAMILY	\$452	FAMILY	\$597
TWO PERSON	\$335	TWO PERSON	\$454
INDIVIDUAL (24-64)	\$193	INDIVIDUAL (24-64)	\$263
YOUNG ADULT (14-23)	\$132	YOUNG ADULT (14-23)	\$191
SENIOR (65+)	\$105	SENIOR (65+)	\$119
SENIOR COUPLE	\$193	SENIOR COUPLE	\$218

PLEASE BE AWARE THAT WE FOLLOW THE DEL VAL HS AND HOLLAND TOWNSHIP SCHOOL SCHEDULE. THE POOL WILL BE OPEN LABOR DAY WEEKEND. PLEASE CHECK THE WEBSITE REGULARLY FOR UPDATED HOURS OF OPERATION.

PRIMARY ADULT: (OR PARENT/GUARDIAN FOR APPLICANT UNDER 18 YRS. OLD)

First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Gender: ___Male ___Female

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Municipality: _____ Holland Residents: Block#: _____ Lot#: _____

Primary Phone: _____ Other Phone: _____

Primary E-mail (we will not disclose your information): _____

Emergency contact: _____ Phone #: _____

SECONDARY ADULT MEMBER: (OR YOUNG ADULT APPLICANT)

First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Gender: ___Male ___Female

Primary Phone: _____ Other Phone: _____

E-mail (we will not disclose your information): _____

Signature of Adult 1 or 2: _____ **Date:** ___/___/2024

Printed Name: _____

IF MEMBER IS UNDER 18, PARENT/GUARDIAN MUST SIGN APPLICATION.

Signature of Young Adult Applicant: _____ Date: ___/___/2024

Printed Name: _____



DEPENDENT CHILD MEMBERS: (FAMILY MEMBERSHIP) if applicable

CHILD 1

First Name: _____ Last Name: _____

Date of Birth: ___ / ___ / ___ Gender: ___ Male ___ Female

CHILD 2

First Name: _____ Last Name: _____

Date of Birth: ___ / ___ / ___ Gender: ___ Male ___ Female

CHILD 3

First Name: _____ Last Name: _____

Date of Birth: ___ / ___ / ___ Gender: ___ Male ___ Female

CHILD 4

First Name: _____ Last Name: _____

Date of Birth: ___ / ___ / ___ Gender: ___ Male ___ Female

MEMBERSHIP DESCRIPTIONS

Family

Two adults and up to four additional members age 10-23.

All must live at the same address

All persons listed on a Family Membership must be members of one family as recognized for federal income tax purposes.*

**The classification of a Family Membership shall include the head of the family, and all those domiciled under his/her roof and falling under the category of dependents for Federal Income Tax purposes. Failure to comply or falsifying information on this form will result in loss of membership.*

Two-Person

Any two adults age 18 – 64 yrs. old or Any single parent & child through 23 yrs. old
Must live at same address

Individual

Age 24 - 64 yrs. old

Senior Couple

Any two adults: one must be 65+ yrs. old
Must live at the same address

Single Senior

Any person 65+ yrs. old

Young Adult

Age 14 - 23 yrs. old - **NO Guest Passes**