



Androscoggin Yacht Club 2017 Payment Form

Member name(s) : _____

Membership fee

Family Membership	\$95.00 _____
Individual Membership	\$55.00 _____

Swimming Lessons

Session 1: July 3 - July 14

Levels 1-3	# of swimmers _____ @ \$15 each _____
Levels 4-6	# of swimmers _____ @ \$20 each _____

Session 2: July 17 – July 28

Levels 1-3	# of swimmers _____ @ \$15 each _____
Levels 4-6	# of swimmers _____ @ \$20 each _____

Session 3: July 31- August 11

Levels 1-3	# of swimmers _____ @ \$15 each _____
Levels 4-6	# of swimmers _____ @ \$20 each _____

Sailing Lessons

July 8, 22, 29 and Aug 5	# participating _____ @ \$30 each _____
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Voluntary contribution to Capital Reserve Fund \$ _____

Check Total: \$ _____

Mail to this sheet with payment to:

Androscoggin Yacht Club
Shelley Reed, Secretary
PO Box 241
Wayne, ME 04284

Please remember to include:

- _____ Membership Application
- _____ Payment Form
- _____ Your check
- _____ Registration & Release Form(s)