

Payment to:
Bridges at Horizon Pool LLC
45 Horizon Drive
Ithaca, New York 14850

Name: _____

Address: _____

Phone: _____

Email: _____

Type of Membership:

Payment Plans

Any membership may be divided into 3 payments first payment due with this form remaining due 1st of July, & August. Please check your choice of payment plan.

Single Payment _____

3 Payment Plan _____

Amount Enclosed \$ _____

**Names of all Family Members
If under 16 please include age**

I understand that not following Pool Rules or behavior causing problems for any other member will result in Membership Cancellation and a pro-rated refund.

Signature
Required