



P.O. Box 84, 13 Old Sly's Road, Smiths Falls, ON K7A 4S9
 613-283-4700 EMAIL curling@bellnet.ca
 (GST / HST # 104894993)

2023-24 SQUASH MEMBERSHIP & EXERCISE ROOM

Name:	
Mailing Address:	Postal Code:
Home Phone # (613) - -	Work Phone # (613) - -
E-mail Address:	
I agree to receive e-mails from the SFC&SC Yes___ No___	
Returning Member Fee (1 payment or monthly)	\$508.85 + \$66.15 HST = \$575.00
New Member Fee (1 payment or monthly)	\$362.84 + \$47.16 HST = \$410.00
Second Year Member Fee (1 payment or monthly)	\$445.14 + \$57.86 HST = \$478.00
Monthly Member Fee	\$ 68.00 + \$ 8.84 HST = \$ 76.84
Three Month Member Fee	\$186.73 + \$24.27 HST = \$211.00
Six Month Member Fee	\$351.33 + \$45.67 HST = \$397.00
20-30 Year-old (Oct.1) Membership Fee (Second yr. ff.)	\$362.84 + \$47.16 HST = \$410.00
*Junior Squash Member Fee (less than 18 years of age)	\$ 84.07 + \$10.93 HST = \$85.00
Social Member Fee	\$ 30.97 + \$3.46 HST = \$35.00
Learn to Squash	\$ 75.22 + \$9.78HST = \$85.00
Payment Type: Cheque # _____ SportyHQ _____ Credit Card Type _____	
FOB # _____	Payment: \$30.00
DATE _____	

Returning, New and Second Year monthly payment is a 1 year commitment.

*Must be less than 18 years of age and accompanied by an adult.

BY READING AND SIGNING BELOW, YOU AGREE TO THE TERMS OF BEING A MEMBER OF THE SMITHS FALLS CURLING AND SQUASH CLUB.

- Fobs are to be used by members only. Each player entering must swipe fob.**
- Members will ensure that all **LIGHTS, TAPS** and **SAUNA** are turned off and outer door securely closed before leaving the Club.
- Non-members may not enter the building and play unless they are family members from the same household or from the same bubble. Guests sign Waiver and Declaration forms.
Adults \$10.00 per visit/Youth under 19 years \$5.00 per visit, **PAYABLE** before play.
- A security system monitors the squash foyer and Exercise Room for envelope use, sign-in and proper use of the Club. Fobs will be deactivated if members or their guests are responsible for any irresponsible behaviour or damage.

SIGNATURE: _____ **DATE:** _____

Waiver Form Signed _____

Contact Director Rob Gemmell rob@gemmellsgardencentre.com for information on member biography cards.