

Please Put in Mailbox or Mail To:

The Lumber Yard 1302 West Main Street Robinson, IL 62454

Brandon Hoalt (618) 554-5689 bhoalt@lumberyardrobinson.com

New Application
Renewal

Start Date _____

Required Information									
Parent/Guardian or Coach (if team)									
First Name	Last Name	Email Address			Cell Phone	Emergency Phone			
What is Your Travel Team Association and Age Group (if applicable)									
Immediate Family Members to be Using Facility									
Name of Athlete				Birthdate					
Team membership application shall include roster with player names, guardian names and phone numbers.									
Membe	ership Options - Full Paymer	nt Due When Membersh	ip is Sub	mitted (cash	or check, payable	to The	Lumber Yard)		
Individuals → \$60/mo or \$180/yr → \$10 key fob security deposit → 24-hour access → Facility use during open time slots → Discounts on future camps/instruction		Family → \$100/mo or \$300/yr for 2 → \$125/mo or \$375/yr for 3 → \$10 per key fob security deposit → 24-hour access → Facility use during <i>open</i> time slots → Discounts on future camps/instruction		ne slots	Teams → \$1,800/yr → \$10 per key fob security deposit → 24-hour access for individuals → Facility use during open time slots → Discounts on future camps/instruction → Teams provided two 1-hr weekday slots and one slot on Sat and Sun				
	1 Athlete	thlete 2 Athletes		3+ Athletes		Team			
Monthly	\$60	\$100		\$125		N/A			
Annually	\$180	\$300		\$375		\$1,80	0		
Please indicate the number of athletes and time period for member(s) application. Signature of parent/guardian or team manager (if team application) Date									
Signature of parer	ivguardian or team manag	er (if team application))	Date					