

**NEW YORK SWIMS AT  
ALL ★ STAR FITNESS CENTER**

75 West End Avenue, New York, NY 10023  
Telephone: (212) 265-8200 Fax: (212) 974-1713  
E-mail: [AllStarFitCtr@aol.com](mailto:AllStarFitCtr@aol.com)

## Masters Swimming

### Applicant Information

First Name:		
Last Name:		
Date of Birth:		
All Star Fitness Center Member:    ___ yes    ___ no		
Any Swim Team Experience:    ___ yes    ___ no		
If so, when and where:		
USS Swimming Registration #:		

### Contact Information

Home Phone #:		
Business Phone #:		
Home Address:		Apt #:
City:	State:	Zip:
E-Mail Address:		
Emergency Contact Name:		
Emergency Phone #:		

### Fees

		Total
Member Rates:	\$70 per month x ___ months	\$
Non- Members Rates:	\$100 per month x ___ months	\$

### Payment Info

**All Payments are made to All Star Fitness Center**

Payment Method (Check One): <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #: _____	
Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express	
Credit Card#:	Exp: ___ / ___
I authorize All Star Fitness Center the right to debit this account in equal payments of \$ _____ per month five days prior to each monthly billing cycle beginning _____ and ending _____.	
<div style="display: flex; justify-content: space-between;"> <span>_____ month/year</span> <span>_____ month/year</span> </div>	
Name as it appears on the card:	
Payment Amount: \$	Date of payment:
Card Holder's Signature:	

**Please return to:  
All Star Fitness Center  
75 West End Ave  
New York, NY 10023  
Fax: 212 974 1713**