



CAPITOL LAKES

Aquatic & Wellness Center

An active lifestyle for your total wellbeing.

ONE WEEK TRIAL MEMBERSHIP

This certificate entitles the bearer to a one week trial membership at the Capitol Lakes Aquatic and Wellness Center.

Name:

Phone:

Address

City

State

Zip

Dates of Membership: _____, 20____ to _____, 20____

One-week membership provides full access to the Aquatic and Wellness Center including the aquatic facility, equipment rooms, and standard fitness classes.

Trial Member must sign a guest waiver upon entering facility each day.

Limit of one trial week per person in a calendar year.

Signature

Date