

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

Membership: \_\_20 week Full(\$635) \_\_20 week Half (\$370) \_\_10 week  
half (\$235)

How did you hear about us?  
\_\_\_\_\_

Is this a GIFT membership? \_\_\_\_Yes \_\_\_\_No (If Yes, please provide the  
following information. A certificate will be mailed to the person GIVING the  
GIFT.)

Name of person receiving gift:  
\_\_\_\_\_

Recipient  
Address: \_\_\_\_\_

Recipient Phone  
Number: \_\_\_\_\_

Return this form and a check payable to: Stone Church Acres  
318 Stone Church Rd  
Finleyville PA 15332

Questions?

[contactus@stonechurchacres.com](mailto:contactus@stonechurchacres.com) ,

or by phone 724-255-9129