

Name: _____

Address: _____

Email: _____

Phone
Number: _____

Membership: __20 week Full(\$675) __20 week Half (\$415) __10 week
half (\$275)

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 ,

or by phone 724-255-9129