



**Crescent Cove Beach Club – Private Beach - 2024 BEACH MEMBERSHIP**

**Hopatcong residents only** (must pay taxes to Borough of Hopatcong)

**www.crescentcovebeach.com, Beach Club phone (973) 398-5139**

We are pleased to announce the opening of our beautiful beach. We are a family-oriented association dedicated to maintaining a safe place for its members to enjoy our facility.

We officially open the season on the Friday of Memorial Day weekend at 11am on Friday, Saturday and Sunday. Then until school is done for the year, we are open Friday at 3pm and Saturday and Sunday at 11am. Then the day after school is closed for the year, we will be open 7 days a week at 11am. Then after Labor Day weekend when school starts again, we will be open Saturday & Sunday at 12pm until November 1st or it is too cold (below 70 degrees).

2024 Annual Membership Dues

- |   |          |
|---|----------|
| - Family Membership - includes 10 Guest Passes      | \$300.00 |
| - Single Membership - includes 5 Guest Passes       | \$150.00 |
| - Senior Membership (65+) - includes 5 Guest Passes | \$125.00 |

**Contact Info: Wendy Sutton, cell (908) 246-2304 or email to crescentcovebeach@gmail.com**

Payment via cash, zelle, venmo, or check accepted, no credit cards (Make check payable to HHLHA)

---

**HHLHA 2024 Beach Membership Application**

Send to: HHLHA P.O. Box 121 Hopatcong, NJ 07843

All information below must be filled out for insurance purposes and must be truthful.

Name: \_\_\_\_\_  
(Last) (First)

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

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

Cell# \_\_\_\_\_

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

Family Membership Only-Household Members: (List names) \_\_\_\_\_

ALL PARENTS are responsible to always monitor their children and are responsible for their safety and well-being while on the beach property, and especially when in or near the water.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Must be signed and all information must be filled out or your beach membership application will not be processed.

Type of Membership - Please check: Family \_\_\_\_\_ Single \_\_\_\_\_ Senior (65+) \_\_\_\_\_

---

FOR OFFICE USE ONLY: Payment Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Date of Payment: \_\_\_\_\_