HFSC POOL MEMBERSHIP LATE SUMMER PASS APPLICATION 2019 SWIM SEASON

Note: Please allow 72 hours for application to be processed. You will receive a confirmation email when your application has been activated.

NAME(S):_____

ADDRESS:

PRIMARY PHONE NUMBER:

E-MAIL ADDRESS:_____

PLEASE INDICATE BELOW WHEN YOU WANT YOUR PASS TO BEGIN.

 $\frac{7/06 \text{ to } 9/08 = \$410 \text{ for } 9 \text{ weeks } [\$50 + (9 \times \$40)] }{7/13 \text{ to } 9/08 = \$370 \text{ for } 8 \text{ weeks } [\$50 + (8 \times \$40)] }{7/20 \text{ to } 9/08 = \$330 \text{ for } 7 \text{ weeks } [\$50 + (7 \times \$40)] }{7/27 \text{ to } 9/08 = \$290 \text{ for } 6 \text{ weeks } [\$50 + (6 \times \$40)] }{8/03 \text{ to } 9/08 = \$250 \text{ for } 5 \text{ weeks } [\$50 + (6 \times \$40)] }{8/10 \text{ to } 9/08 = \$210 \text{ for } 4 \text{ weeks } [\$50 + (4 \times \$40)] }{8/17 \text{ to } 9/08 = \$170 \text{ for } 3 \text{ weeks } [\$50 + (3 \times \$40)] }{8/24 \text{ to } 9/08 = \$130 \text{ for } 2 \text{ weeks } [\$50 + (2 \times \$40)] }$

AMOUNT ENCLOSED:

Please return this completed form (both pages) and a check for the amount indicated above and mail to:

HAYFIELD FARM SWIM CLUB PO Box 150428

Alexandria, VA 22315

Any questions, please e-mail the Membership Chair at <u>info@hayfieldpool.com</u>

2019 FAMILY MEMBER INFORMATION

(Membership is limited to family members who reside in your household and grandchildren up to age 18. Enter information below for those who meet these membership requirements and may use the pool this season. All members must be listed on this form.)

Submit form with LSP payment. If preferred, you can submit via email to <u>info@hayfieldpool.com</u>. Completed form must be received 72 hours before the start of the pass to ensure proper activation.

NAME:_____

ADDRESS:

FAMILY MEMBER INFORMATION (all family members who <u>reside</u> in your household. You may include grandchildren 18 years of age and under who do not live with you):

Last Name	First Name	Gender	Date of Birth (MM/DD/YY)	Household Resident?	Grandchild?	Have keytag from previous year? Please enter 5-digit number for each member.

E-MAIL ADDRESS:	
PHONE NUMBERS:	
HOME:	CELL:

EMERGENCY CONTACT NAME/PHONE:

Note: Please make sure all family members who reside in your household are listed on this form. We have a keytag entry system. If you are new to our pool or have new family members, a keytag will be assigned to them. Instructions on keytag pickup will be distributed once pass has been processed.

If you have keytags from last summer and would like to reactivate them, please note the keytag number in the last column for each member. The Membership Chair will confirm that the number and photo are in the system and will activate them. Replacement keytags are \$3 per keytag. <u>All members must have a keytag to enter the pool.</u>