OFFICE USE ONLY				
Payment Type	Cash	Credit		
(circle payment method)	Cush			

SHAREHOLDER/LEASER NAME:_____

HAYFIELD FARM SWIM CLUB 7820 Hayfield Rd Alexandria, VA 22315 www.hayfieldpool.com

E-Mail: info@hayfieldpool.com

REPLACEMENT KEYTAG FORM

Replacement keytags are \$3 as of June 15, 2025. Please fill out the information below to request a replacement keytag for an active member on your pool membership. Mail the completed form plus payment to HFSC, 7820 Hayfield Rd, Alexandria, VA 22315 OR drop it off with the guard at the front desk at the pool. The Membership Chairperson will process the form, deactivate the previous keytag, activate a replacement keytag, and have the keytags ready for pickup from the front desk.

ADI	ORESS:			-		
EM	AIL ADDRESS:					
		D. C		OFFICE USE ONLY		
	Last Name	First Name	Date of Birth (MM/DD/YY)	on for Replacement lost, damaged, etc.)	Old Keytag Number	New Keytag Number

(1)	Total Number of Cards Ordered:		
(2)	Total Payment (Quantity in (1) above multiplied by \$3) _\$	(effective June 15	2025)