

OFFICE USE ONLY			DATE SUBMITTED
<i>Payment Type</i> <i>(circle payment method)</i>	Cash	Credit	

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. 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.

SHAREHOLDER/LEASER NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

Last Name	First Name	Date of Birth (MM/DD/YY)	Reason for Replacement (i.e., lost, damaged, etc.)	OFFICE USE ONLY	
				Old Keytag Number	New Keytag Number

- (1) Total Number of Cards Ordered: _____
- (2) Total Payment (Quantity in (1) above multiplied by \$3) \$ _____