Waterford Crossing Homeowners' Association 2015 Pool Pass Registration Form



Please complete & return this form as shown below (and as noted in the spring newsletter)

Either bring this completed form when you pick up your pool passes on Wednesday, May 6th or Thursday, May 14th from 6 to 8 pm at the Waterford Clubhouse -OR- if unable to attend either date, mail completed form along with a self-addressed, stamped envelope to:

WCHOA • Attention: Pool Passes • 18881 Waterford Parkway • Strongsville, OH 44149

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|--|-------------------|----------------------------------|------------------------------------|--|------------------------|
| ome phone | | | | | |
| nergency Contact | | | | | |
| one number | | | | | |
| List ALL names in your household win members living at the above addre | ess. Please no | | ance of pool p | | |
| Please print first & last names of all family members | Child 0-11 yrs | Teen 12-15 yrs | Adult 16+ yrs | Birthdate If <u>under</u> 25 yrs old | |
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| s the adult representative of the a stributed by the Association. I a knowledge that falsification will lead to be a stributed by the Association Directors. Directors. Directors. Directors. Directors. Directors. | ffirm that the | e information tion of all far | on this reg mily pool pas Da | istration for sees by the sees by the sees to the sees | m is accu Waterford |

member must be present and responsible for the use of this pass. The issued TEEN PASS

Date

must be present with your GUEST PASS.

Passes Distributed by: ___