2018 FAIRFAX CLUB ESTATES POOL REGISTRATION

| Name: | | | | | |
|--|---------------|---------|-------------------|----------------|-------------|
| Home Phone: | | | | | |
| Email: | | | | | |
| Address:ZIP_ | | | | | IP |
| ☐ Summer/Sea | asonal Member | (see be | elow fo | or payment ins | structions) |
| Adult Members (residing in household) | | | | | |
| First Names | | | Work/Cell Phone # | | |
| 1. | | | W/C# | | |
| 2 3. | | | W/C# | | |
| 3. | | | W/C# | | |
| 4 | | | W/C# | | |
| | D | | 1. | | |
| Dependents residing with adult member | | | | | |
| Name | Birthday | Aç | ge | Sex | Allergies |
| 1. | | | | | |
| 2 3 4 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| | | | | | |
| Medical Information | | | | | |
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| | | | | | |
| | In Case | of Eme | rgency | Contact | |
| Name Phone # | | | | | |
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| | | | | | |
| Swim Team | | | | | |
| POOL COMMITTEE ONLY | | | | | |
| | | | | | |
| Account Verified Registration Complete Date: | | | | | |

FOR SUMMER MEMBERS ONLY: Include your check for \$485 (made out to FCE HOA) and this registration form and mail to Fairfax Club Estates HOA, C/O GHACM, 3020 Hamaker Court, Suite 300, Fairfax, VA 22031-2220. Please mail by May 1, 2018 so registration can be processed in a timely manner. Registrations/payments following Memorial Day weekend can be submitted at the FCE pool house but mailing to the address identified above is strongly encouraged to ensure timely processing. Associate members who have previously purchased a pool bond will continue to be billed in accordance with the associate membership agreement.