

**SUMMIT CREEK COMMUNITY ASSOCIATION, INC.
SWIMMING POOL PASS APPLICATION**

Please Print Clearly

Adult Member: _____

Street Address: _____

Home

Work

Telephone: _____

Telephone: _____

Owner: ___ Yes ___ No

Lessee: ___ Yes ___ No

Additional Adult

Member: _____

Home

Work

Telephone: _____

Telephone: _____

Please print names and date of birth (if 17 or under) of all residents that live at your home and are bona fide residents of Summit Creek Community Association, Inc.

- | | |
|---------------|-----------|
| 1. Name _____ | DOB _____ |
| 2. Name _____ | DOB _____ |
| 3. Name _____ | DOB _____ |
| 4. Name _____ | DOB _____ |
| 5. Name _____ | DOB _____ |
| 6. Name _____ | DOB _____ |

In case of an emergency, please contact: Name(s) _____

Telephone _____

I/we state that the information provided herein is accurate and that I/we have read the pool rules and regulations, and understand and accept them.

Signature

Date

Signature

Date

Please complete the application and return to the Summit Creek Community Center, 6904 Summit Creek Drive, Clinton, MD 20735 or fax to (301) 868-7881.

(For Office Use Only)

Account is []

Account is not [] in arrears.

Amount outstanding \$ _____

Resident notified on: _____ by: _____

Passes issued on: _____ by: _____