DIAMOND FARM HOMES CORPORATION

NON-RESIDENT APPLICATION FOR 2019 DFHC POOL PASSES

Please complete and sign the application. Include a check, payable to Diamond Farm Homes Corporation, in one of the following amounts:

$200.00 for up to **two** **immediate household family members**,

$400.00 for up to four **immediate household family members**,

$500.00 for five and up of **immediate household family members,**

a $50.00 per person fee **for each visiting summer guest.**

There is no other bond or initiation fee required.

**Mail** a signed copy of application by **May 5th** to this address: Diamond Farm Homes Corporation

ATTN: Pool Committee

P.O. Box 3298

Gaithersburg, Md. 20885

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Nos. (H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:

**Important information regarding refunds**: DFHC will refund all but $30.00 administrative cost if you apply in writing for a refund within thirty days of the date of the submission of the form. Any refunds past that date will be pro-rated according to how late in the season it is applied for in writing. No refunds will be given after August 1.

Please initial and date that you understand and agree to these terms. Your acknowledgement of the refund policy is necessary to process your application. **Initials Date / / 2019**

**Complete for each immediate family member who resides in the household (please print):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | Sex | Age \* | **Birthdate**  **(if under 18)** | Swimmer?  (Yes/No) | Swim Team  Interest? |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**\* If 18 or older, you may enter "A" for "Adult" and omit birthdate.**

Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above information is accurate. I understand that falsification of information on this application will result in the rejection of the application or the suspension of all pool passes for persons named herein.

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* FOR DFHC USE ONLY \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Membership #OP- Date Rec'd / / 2019 Check No: Amt. Paid: $\_\_\_\_\_\_\_\_\_ Late Fee

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pool passes received by (sign and date above)