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DIAMOND FARM HOMES CORPORATION

NON-RESIDENT APPLICATION FOR 2019 DFHC POOL PASSES

**Special application for swim team**

Please complete and sign the application. Include a check, payable to Diamond Farm Homes Corp., in the amount of **$150.00.** Mail a signed copy of application by **May 17th** to this address:

 Diamond Farm Homes Corporation

 ATTN: Pool Committee

 P.O. Box 3298

 Gaithersburg, Md. 20885

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

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

Phone: (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 | Gender | Age \* | **Birthdate****(if under 18)** | Swimmer?(Yes/No) | Swim TeamInterest? |
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 **\* If 18 or older, you may enter "A" for "Adult" and omit birthdate.**

**Attach a description of any medical conditions that may require attention.**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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