

WILLIAMSBURG HOMEOWNERS ASSOCIATION

2024 POOL SEASON – POOL PASS REGISTRATION

Resident/Owner Information:

Last Name: _____

Street address: _____ Owner Occupied **or** Tenant Occupied

Phone Numbers: Home: _____ Work: _____ Mobile: _____

Email address: _____

Emergency Contact: **Name:** _____ **Phone Number:** _____

For Investor/Landlord owned home: (Please check one of the following)

_____ I agree to relinquish the pool privileges to my tenant(s).

_____ I am retaining the pool privileges for my own use.

HOUSEHOLD RESIDENTS (List the First & Last Name of all household residents with the ages of children under 18)

<u>First Name</u>	<u>Last Name</u>	<u>Adult or Child</u>	<u>Age if Child under 18</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I AGREE TO ABIDE BY ALL WILLIAMSBURG HOA POOL & CLUBHOUSE FACILITY RULES. IN ADDITION, I WILL BE ACCOUNTABLE FOR THE ACTIONS OF MY HOUSEHOLD RESIDENTS AND MY POOL GUESTS.

Signature – Property Owner **Print Name** – Property Owner **Date**

Please return completed form to joef@pencomanagement.com or mail to:

WILLIAMSBURG HOMEOWNERS ASSOCIATION
c/o PENCO Management, Inc.
P.O. Box 1119
Chadds Ford, PA 19317