

2010 HAMPTON POOL PASS APPLICATION

Apartment Residents: Return completed applications to Apartment Office

Condominium Residents: Return completed applications to your Management Company (HOTG – See Harold)

Single Family Homes Residents: Return completed application with accompanying photos to the Hampton pool Attendant.

Processed pool passes must be picked up at the pool gate during regular pool hours: 12:00 p.m. to 8:00 p.m. daily; seven days a week, weather permitting.

Family Last Name: _____ Address: _____

Home/Cell Phone Number: _____

Provide the first name of each family member requesting a RESIDENT pool pass. Please write the individual's name on the back of his or her photo. Age must be given for each applicant for emergency circumstances. "Adult" will not be accepted for an applicant's age. (1" x 1-1/2" current photo required for each family member)

First Name: _____ Age: _____ First Name: _____ Age: _____

First Name: _____ Age: _____ First Name: _____ Age: _____

First Name: _____ Age: _____ First Name: _____ Age: _____

First Name: _____ Age: _____ First Name: _____ Age: _____

Child Caregiver: _____

Indicate full name of Child Caregiver for whom you are requesting a Season Pass. Enclose fee of \$35.00 (1" x 1-1/2" current photo of caregiver is required.) Please make check payable to *POA Hampton*.

Full Name of Child Caregiver: _____ Age: _____

Full Time Summer Guest:

Indicate full name of Guest who is living with resident for the summer and for whom a Season Pass is being requested. Enclose fee of \$35.00 (1" x 1-1/2" current photo of live-in guest is required.) Please make check payable to *POA Hampton*.

Full Name of Guest living with resident: _____ Age: _____

Full Name of Guest living with resident: _____ Age: _____

Guest passes are available from the Pool Attendant at the following prices:

# of passes	Price	Price/Swim
1	3.00	3.00
5	12.50	2.50
10	22.50	2.25
15	31.50	2.10
20	40.00	2.00

Please make all checks payable to *POA Hampton*.