

# The Grove Homeowner's Association Pool Registration

**Print**

Applicant's Name:
Address:

Please list all household members:			
	Name	Date of Birth (Children Only)	Male/Female
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Applicant's Home Telephone Number:	(     )
Applicant's Work Telephone Number:	(     )
Other Telephone Number:	(     )

Emergency contact other than someone in your household:
Emergency contact telephone number:

I have read and will abide by the rules for the Grove Homeowner's Association.

Applicant's Signature:	Date:
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Email address for neighborhood notifications: \_\_\_\_\_  
Print neatly please

***Please return this form during pool pass validation at the clubhouse along with waiver form***