$\langle\!\!\langle \nabla\!\!\rangle$	Compton Village Homeov 14401 Compton Village Drive Cen Phone: (703) 815-0014 E-Mail: com				
	POOL REGISTRATION APPLICATION 2024				
Homeowner: (Last Name)	Lessee: (Last Name)				
Home Street Address:					
Home #:	Work #:	E-mail:			
Emergency Contact Info: Full Name:		Phone #:			
	ng at the above address and requesting ac JRSELF BELOW TO RECEIVE A PASS.	Imission to the pool for the 2024 Co	mpton Village Pool Season.		

	Household Members (Full Name)	Age (If under age 21)	Sex	Existing Pool Pass Number?
1				
2.				
3				
4.				
5				
6.				

I/We will pick up a copy of the Compton Village Pool Rules from the HOA office, or download it from the website, and acknowledge and agree to abide by the Pool Rules and Regulations. I am aware that the Compton Village Homeowners Association can suspend one's right to use the pool for violation of published rules and regulations.

Date:	Signature:	
_		
	Signature:	

Homeowner Transfer of Privileges to Lessee

I/We wish to transfer the privilege to use the swimming pool facilities to my/our lessee(s) for the swim season.

AGREEMENT

It is understood that although I/We have personally relinquished pool privileges to the Compton Village pool, this in no way releases me/us as member(s) of the Compton Village Association and of the obligation to pay all required assessments and abide by the architectural reviews. It is further understood that the Pool Rules and Regulations of the Association are to be obeyed and that continued non-compliance may result in the suspension of pool use. Furthermore, I/We certify that all persons listed above are permanent residents of the address.

Signature of Owner(s):			Date	
			Date	
Phone 1:	Phone 2:	E-mail:		
Offsite Address:				