



Pool Pass and/or Guest Pass Application

Please *print* or *type* all information

- I. Name (First, Middle, Last): _____
Homeowner: _____ Renter: _____
- II. Grove Street Address: _____
- III. Offsite/mailling address (if applicable): (*Please note homeowners **must** assign pool privileges to their tenant(s)*)
Street or P.O. Box: _____
City: _____ State: _____ Zip Code: _____
- IV. Home Phone: _____ Work Phone: _____
- V. E-mail: _____

This is an initial pass for a new homeowner (no cost):

I am requesting a replacement pool pass (\$10):

I am requesting _____ additional guest pass card(s):

Mail pass to (select): Grove address Offsite address

I hereby covenant and agree that I have read and fully understand all regulations made by the Board of Directors for the maintenance and operation of the swimming pool and facilities, and that I will abide by the same. Any changes that may hereafter be promulgated thereto, and that I will forever defend and save harmless the Association, its servants, agents, and employees from any claim, demand, debt or damage asserted by any guest, servant, invitee, child, dependent, or relative, or mine by reason of any alleged loss or injury to person or property, whether known now or discovered in the future, including loss of life, suffered in or about said pool or club area, or in any way arising thereof, and I hereby forever release and discharge the said Association from any such claim which I may hereafter have on my own behalf, whether known now or discovered in the future, and agree that the said pool and facilities area shall be used at the sole risk and responsibility of the users thereof.

Date: _____

Signature

Please include your check for \$10.00 for any replacement passes and \$10 for each additional guest pass (5 visits) requested. Make checks payable to "The Grove at Huntley Meadows." Applications requesting a replacement pass or additional guest passes without payment will be returned. **Do not fax your application** (Faxes are no longer accepted).

Save & Email to: Nicole Tavano <n.tavano@cardinalmanagementgroup.com> or

Print & Mail to: Cardinal Management Group, Inc., 4330 Prince William Parkway, Suite 201, Woodbridge, Virginia 22192

Office use only:

Date application received: _____

Date issued: _____

Notes: _____