

AMENITIES REGISTRATION FORM 2017

Homeowner Information

Address:		
Name:	Phone:	Email:
Name:	Phone:	Email:

Children in the Home

Name:	Birth Date:	Gender:
Name:	Birth Date:	Gender:
Name:	Birth Date:	Gender:
Name:	Birth Date:	Gender:

Other Persons Living in the Home

Check One:

Name:	<input type="checkbox"/> Tenant ***	<input type="checkbox"/> Family Member	<input type="checkbox"/> Other: _____
Name:	<input type="checkbox"/> Tenant ***	<input type="checkbox"/> Family Member	<input type="checkbox"/> Other: _____

***** Please complete a Residential Occupancy Form for your tenant. Forms can be found online at www.countryside-va.com.**

Emergency Contact Information

Name: _____ Phone: (H) _____ (C) _____

NOTE: If you do not have an amenities pass or need additional passes, you will need to come into the Proprietary Office. Replacement passes are \$10.00 each. Be prepared to provide identification for all passes requested. Acceptable identification includes a government issued ID or driver's license, indicating your current CountrySide address and for children 2 and older, an insurance card, medical bill, birth certificate, or passport.

I hereby agree on behalf of myself, my family, and our guests to abide by all the rules and regulations of the pool(s) as adopted by the CountrySide Board of Directors. I also understand that the use of the pool(s) will be suspended if my homeowner's dues are in arrears. A DRC violation may also result in the suspension of use of the pool(s).

Signature: _____ Date: _____