



Fairlington Arbor Condominium  
Council of Co-Owners



2010-2011 Pool and Tennis Court Pass Registration Form

Please complete the information below by April 15, 2010, so that pool/tennis passes can be issued to each person permanently residing in your unit. In addition, each unit will receive two guest passes that provide pool privileges. For your information, the pool will open Memorial Day weekend and rules are posted at the pool house. For your protection, no one will be allowed to use the pool or tennis courts after May 1, 2010, without presenting their new 2010-2011 pass.

Unit Address: \_\_\_\_\_ Court Number: 1

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

First and Last Name and Age of all minors permanently residing within the unit:

- |                     |                     |
|---------------------|---------------------|
| 1. _____, Age _____ | 2. _____, Age _____ |
| 3. _____, Age _____ | 4. _____, Age _____ |
| 5. _____, Age _____ | 6. _____, Age _____ |

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

I understand that pool/tennis passes are non-transferable. I have been provided and have read the pool rules and agree to indemnify the property and the pool management company from any loss incurred as a result of my failure to comply with those rules. As a parent or guardian, I understand my primary responsibility is for the safety of the individual(s) under my care.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by **15 April 2010** to: Rachael Robinson, 3422 A South Utah St



Fairlington Arbor Condominium  
Council of Co-Owners



2010-2011 Pool and Tennis Court Pass Registration Form

Please complete the information below by April 15, 2010, so that pool/tennis passes can be issued to each person permanently residing in your unit. In addition, each unit will receive two guest passes that provide pool privileges. For your information, the pool will open Memorial Day weekend and rules are posted at the pool house. For your protection, no one will be allowed to use the pool or tennis courts after May 1, 2010, without presenting their new 2010-2011 pass.

Unit Address: \_\_\_\_\_ Court Number: 2

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

First and Last Name and Age of all minors permanently residing within the unit:

- |                     |                     |
|---------------------|---------------------|
| 1. _____, Age _____ | 2. _____, Age _____ |
| 3. _____, Age _____ | 4. _____, Age _____ |
| 5. _____, Age _____ | 6. _____, Age _____ |

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

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\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by **15 April 2010** to: Christine Bialek, 3458 South Utah St



Fairlington Arbor Condominium  
Council of Co-Owners



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Please complete the information below by April 15, 2010, so that pool/tennis passes can be issued to each person permanently residing in your unit. In addition, each unit will receive two guest passes that provide pool privileges. For your information, the pool will open Memorial Day weekend and rules are posted at the pool house. For your protection, no one will be allowed to use the pool or tennis courts after May 1, 2010, without presenting their new 2010-2011 pass.

Unit Address: \_\_\_\_\_ Court Number: 3

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

First and Last Name and Age of all minors permanently residing within the unit:

- |                     |                     |
|---------------------|---------------------|
| 1. _____, Age _____ | 2. _____, Age _____ |
| 3. _____, Age _____ | 4. _____, Age _____ |
| 5. _____, Age _____ | 6. _____, Age _____ |

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

I understand that pool/tennis passes are non-transferable. I have been provided and have read the pool rules and agree to indemnify the property and the pool management company from any loss incurred as a result of my failure to comply with those rules. As a parent or guardian, I understand my primary responsibility is for the safety of the individual(s) under my care.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by 15 April 2010 to: Robert Kimmins, 3528 South Utah St



Fairlington Arbor Condominium  
Council of Co-Owners



2010-2011 Pool and Tennis Court Pass Registration Form

Please complete the information below by April 15, 2010, so that pool/tennis passes can be issued to each person permanently residing in your unit. In addition, each unit will receive two guest passes that provide pool privileges. For your information, the pool will open Memorial Day weekend and rules are posted at the pool house. For your protection, no one will be allowed to use the pool or tennis courts after May 1, 2010, without presenting their new 2010-2011 pass.

Unit Address: \_\_\_\_\_ Court Number: 4

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

First and Last Name and Age of all minors permanently residing within the unit:

- |                     |                     |
|---------------------|---------------------|
| 1. _____, Age _____ | 2. _____, Age _____ |
| 3. _____, Age _____ | 4. _____, Age _____ |
| 5. _____, Age _____ | 6. _____, Age _____ |

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

I understand that pool/tennis passes are non-transferable. I have been provided and have read the pool rules and agree to indemnify the property and the pool management company from any loss incurred as a result of my failure to comply with those rules. As a parent or guardian, I understand my primary responsibility is for the safety of the individual(s) under my care.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by **15 April 2010** to: Susan Goldstein, 4520 South 36<sup>th</sup> St



Fairlington Arbor Condominium  
Council of Co-Owners



2010-2011 Pool and Tennis Court Pass Registration Form

Please complete the information below by April 15, 2010, so that pool/tennis passes can be issued to each person permanently residing in your unit. In addition, each unit will receive two guest passes that provide pool privileges. For your information, the pool will open Memorial Day weekend and rules are posted at the pool house. For your protection, no one will be allowed to use the pool or tennis courts after May 1, 2010, without presenting their new 2010-2011 pass.

Unit Address: \_\_\_\_\_ Court Number: 5

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

First and Last Name and Age of all minors permanently residing within the unit:

- |                     |                     |
|---------------------|---------------------|
| 1. _____, Age _____ | 2. _____, Age _____ |
| 3. _____, Age _____ | 4. _____, Age _____ |
| 5. _____, Age _____ | 6. _____, Age _____ |

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

I understand that pool/tennis passes are non-transferable. I have been provided and have read the pool rules and agree to indemnify the property and the pool management company from any loss incurred as a result of my failure to comply with those rules. As a parent or guardian, I understand my primary responsibility is for the safety of the individual(s) under my care.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by 15 April 2010 to: Jennifer Hornback, 4451 South 36<sup>th</sup> St



Fairlington Arbor Condominium  
Council of Co-Owners



2010-2011 Pool and Tennis Court Pass Registration Form

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Unit Address: \_\_\_\_\_ Court Number: 6

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

First and Last Name and Age of all minors permanently residing within the unit:

- |                     |                     |
|---------------------|---------------------|
| 1. _____, Age _____ | 2. _____, Age _____ |
| 3. _____, Age _____ | 4. _____, Age _____ |
| 5. _____, Age _____ | 6. _____, Age _____ |

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

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\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by **15 April 2010** to: Cindy Atwood, 3515 S Wakefield St



Fairlington Arbor Condominium  
Council of Co-Owners



2010-2011 Pool and Tennis Court Pass Registration Form

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Unit Address: \_\_\_\_\_ Court Number: 7

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

First and Last Name and Age of all minors permanently residing within the unit:

- |                     |                     |
|---------------------|---------------------|
| 1. _____, Age _____ | 2. _____, Age _____ |
| 3. _____, Age _____ | 4. _____, Age _____ |
| 5. _____, Age _____ | 6. _____, Age _____ |

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

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\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by **15 April 2010** to: Julie Nichols, 3463 S. Wakefield St



Fairlington Arbor Condominium  
Council of Co-Owners



2010-2011 Pool and Tennis Court Pass Registration Form

Please complete the information below by April 15, 2010, so that pool/tennis passes can be issued to each person permanently residing in your unit. In addition, each unit will receive two guest passes that provide pool privileges. For your information, the pool will open Memorial Day weekend and rules are posted at the pool house. For your protection, no one will be allowed to use the pool or tennis courts after May 1, 2010, without presenting their new 2010-2011 pass.

Unit Address: \_\_\_\_\_ Court Number: 8

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

First and Last Name and Age of all minors permanently residing within the unit:

- |                     |                     |
|---------------------|---------------------|
| 1. _____, Age _____ | 2. _____, Age _____ |
| 3. _____, Age _____ | 4. _____, Age _____ |
| 5. _____, Age _____ | 6. _____, Age _____ |

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

I understand that pool/tennis passes are non-transferable. I have been provided and have read the pool rules and agree to indemnify the property and the pool management company from any loss incurred as a result of my failure to comply with those rules. As a parent or guardian, I understand my primary responsibility is for the safety of the individual(s) under my care.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by 15 April 2010 to: Jocelyn Kerrigan, 3407 S. Wakefield



Fairlington Arbor Condominium  
Council of Co-Owners



2010-2011 Pool and Tennis Court Pass Registration Form

Please complete the information below by April 15, 2010, so that pool/tennis passes can be issued to each person permanently residing in your unit. In addition, each unit will receive two guest passes that provide pool privileges. For your information, the pool will open Memorial Day weekend and rules are posted at the pool house. For your protection, no one will be allowed to use the pool or tennis courts after May 1, 2010, without presenting their new 2010-2011 pass.

Unit Address: \_\_\_\_\_ Court Number: 9

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

First and Last Name and Age of all minors permanently residing within the unit:

- 1. \_\_\_\_\_, Age \_\_\_\_\_ 2. \_\_\_\_\_, Age \_\_\_\_\_
- 3. \_\_\_\_\_, Age \_\_\_\_\_ 4. \_\_\_\_\_, Age \_\_\_\_\_
- 5. \_\_\_\_\_, Age \_\_\_\_\_ 6. \_\_\_\_\_, Age \_\_\_\_\_

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

I understand that pool/tennis passes are non-transferable. I have been provided and have read the pool rules and agree to indemnify the property and the pool management company from any loss incurred as a result of my failure to comply with those rules. As a parent or guardian, I understand my primary responsibility is for the safety of the individual(s) under my care.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by 15 April 2010 to: Suzanne Williams, 4514 South 34<sup>th</sup> St



Fairlington Arbor Condominium  
Council of Co-Owners



2010-2011 Pool and Tennis Court Pass Registration Form

Please complete the information below by April 15, 2010, so that pool/tennis passes can be issued to each person permanently residing in your unit. In addition, each unit will receive two guest passes that provide pool privileges. For your information, the pool will open Memorial Day weekend and rules are posted at the pool house. For your protection, no one will be allowed to use the pool or tennis courts after May 1, 2010, without presenting their new 2010-2011 pass.

Unit Address: \_\_\_\_\_ Court Number: 10

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

First and Last Name and Age of all minors permanently residing within the unit:

- |                     |                     |
|---------------------|---------------------|
| 1. _____, Age _____ | 2. _____, Age _____ |
| 3. _____, Age _____ | 4. _____, Age _____ |
| 5. _____, Age _____ | 6. _____, Age _____ |

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

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\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by 15 April 2010 to: Melania Saraniero, 4410 South 34<sup>th</sup> St



Fairlington Arbor Condominium  
Council of Co-Owners



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Unit Address: \_\_\_\_\_ Court Number: 11

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

First and Last Name and Age of all minors permanently residing within the unit:

- |                     |                     |
|---------------------|---------------------|
| 1. _____, Age _____ | 2. _____, Age _____ |
| 3. _____, Age _____ | 4. _____, Age _____ |
| 5. _____, Age _____ | 6. _____, Age _____ |

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

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\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by 15 April 2010 to: Sally Wolfman, 3628 South Taylor St



Fairlington Arbor Condominium  
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Unit Address: \_\_\_\_\_ Court Number: 12

Name of Unit Owner(s): \_\_\_\_\_

Phone Number of Unit Owner(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Owner(s): \_\_\_\_\_

Name of Unit Resident(s): \_\_\_\_\_

Phone Number of Unit Resident(s): \_\_\_\_\_(H) \_\_\_\_\_(C)

Email Address of Unit Resident(s): \_\_\_\_\_

First and Last Name of all persons over 18 permanently residing within the unit:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

First and Last Name and Age of all minors permanently residing within the unit:

- 1. \_\_\_\_\_, Age \_\_\_\_\_ 2. \_\_\_\_\_, Age \_\_\_\_\_
- 3. \_\_\_\_\_, Age \_\_\_\_\_ 4. \_\_\_\_\_, Age \_\_\_\_\_
- 5. \_\_\_\_\_, Age \_\_\_\_\_ 6. \_\_\_\_\_, Age \_\_\_\_\_

Automobile Information

| Make/Model | Year  | State | License # | Parking Space # |
|------------|-------|-------|-----------|-----------------|
| 1. _____   | _____ | _____ | _____     | _____           |
| 2. _____   | _____ | _____ | _____     | _____           |
| 3. _____   | _____ | _____ | _____     | _____           |
| 4. _____   | _____ | _____ | _____     | _____           |
| 5. _____   | _____ | _____ | _____     | _____           |

I understand that pool/tennis passes are non-transferable. I have been provided and have read the pool rules and agree to indemnify the property and the pool management company from any loss incurred as a result of my failure to comply with those rules. As a parent or guardian, I understand my primary responsibility is for the safety of the individual(s) under my care.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return the completed form by 15 April 2010 to: Julia Durand, 4444 South 36<sup>th</sup> St