Middlebridge Village Homeowners Association
2011 Swimming Pool Pass Registration

Address	
City, ST ZIP	
Phone	
e-mail address	

List Full Time residents of address listed above

First Name	Last Name	Must Check one age category for each			
		Over 16	13-16	6-12	Under 6

I hereby certify that the information above is accurately stated and that I am requesting passes only for either FULL TIME residents of this address. Upon signature of this application, I acknowledge that pass holders listed above and guests will abide by the Rules and Regulations governing the use of the swimming pool facility.

_____ _____

Signature Date

Please return this completed form along with check for $400.00 made out to **Middlebridge Village HOA** to:

Middlebridge Village HOA
c/o Dieter Klinger
1920 Autumn Ridge Circle
Silver Spring, MD 20906