

FRANKLIN FARM 2023 RESIDENT POOL REGISTRATION FORM

For Daily Use – Saturday, May 27th – Monday, September 4th

**** Franklin Farm Foundation assessments must be current to complete registration.**

- ☐ **Family Membership:** On or before April 30, 2023 (*Early Registration Discount*) **\$245**
May 1, 2023, through September 4, 2023 (*Regular Registration Fee*) **\$270**
- ☐ **Individual Membership:** On or before April 30, 2023 (*Early Registration Discount*) **\$205**
May 1, 2023, through September 4, 2023 (*Regular Registration Fee*) **\$230**
- ☐ **End-of-Season Membership** August 1, 2023, to September 4, 2023, **Family, \$175 / Individual, \$155**
- ☐ **One-Week Temporary Membership** (7 consecutive days) **Family, \$125 / Individual, \$115**
- Effective Dates: _____ To: _____

Application Process:

- You can fill out this form and return it to the Foundation office along with a check for the membership of your choice.
- You can visit our pool pass portal (<https://swimmingpoolpasses.net/franklin-farm/>) to register and upload your family member's pictures. You would need to mail or drop off a check at the office.
- Applications must be complete, and payment received before your application will be approved. Payment (checks only) can be mailed or dropped off at the Foundation office: 12700 Franklin Farm Road, Herndon, VA 20171.

If you have any questions, please call the Foundation office, at 703-476-6230.

Guest Passes: Your registration includes 4 guest passes. Non-refundable passes for additional guest visits may be purchased at the Foundation office (Monday through Friday, 9 am to 5: pm) or through the pool pass portal (see above). Guest passes cost \$5.00 per person per day.

Last Name _____ Account Number _____
Street Address _____ Home Phone _____
City, State, ZIP _____ E-Mail Address _____
Were you a pool member last year? Yes _____ No _____
RENTERS: List the Owner's Name _____ (*Verification of 12-month Lease/Rental Agreement required.*)

Adult Members' First Names: (*Proof of residency may be required.*)

_____ Work Phone _____ Cell Phone _____
_____ Work Phone _____ Cell Phone _____

Please list dependents (children) residing with adult members below:
(*Proof of residency for adult family members aged 23 or older is required.*)

Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

In Case of Emergency (other than those persons listed above):

Name _____ Phone Number _____

Drug allergies and pertinent medical information (use back of form if necessary) None Yes

If Yes, explain: _____

I agree to comply with the 2023 Pool Rules provided.

Signature of Resident Owner or Renter

Mail or deliver the registration form, photos, and check to:

Franklin Farm Foundation
12700 Franklin Farm Road,
Oak Hill, VA 20171

For Office Use Only

Payment	Cash/ Check	\$
Check#		
Photos	Yes	No
Assmts Current	Yes	No
Input		