

FOUR SEASONS: FAMILY MEMBER RECORD FORM

ADDRESS:

☐ OWN

☐ RENT

EMAIL ADDRESS:

PHONE NUMBER:

RECREATION PRIVILEGES TRANSFERRED TO TENANTS: ☐ YES ☐ NO

HOUSEHOLD INFORMATION

<u>HOUSEHOLD MEMBER NAMES</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>

ACKNOWLEDGMENT OF RULES

By signing this statement, I acknowledge and agree to fully abide by the rules set forth therein. Furthermore, I understand that the failure of myself, members or my household and my guest to abide by these rules, may result in the suspension of my rights to the use of the Four Seasons Recreation Association facilities.

MEMBER SIGNATURE: _____

DATE: _____