



Wilmington Park Homes Association  
P.O. Box 30341  
Savannah, GA 31410  
912-897-3472 Office, 912-897-1844 Pool  
info@wilmingtonpark.org

**Pool Registration Form**

Phone# (H) \_\_\_\_\_ Phone# (W) \_\_\_\_\_ Phone# (C) \_\_\_\_\_

E-mail: \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Spouse \_\_\_\_\_

Home Address \_\_\_\_\_

**Immediate Family Members First Name & Age**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

**Please provide a picture of each family member**

**Please check our website at [www.wilmingtonpark.org](http://www.wilmingtonpark.org) for more pool information.**

**Please refer to the 2011 pool membership fees.**

**Total amount of pool fees enclosed with application \$ \_\_\_\_\_**

**I/we hereby agree to abide by the rules, regulations and safety instructions of the WHPA Pool**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please make all checks payable to Wilmington Park Homes Association  
Please mail all applicable fees with completed application to the address above.**

**In case of emergency contact information**

**Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_**

**Family Doctor: \_\_\_\_\_ Phone# \_\_\_\_\_**

**Preferred Hospital \_\_\_\_\_**

**Special Health Needs:**