

**Twinbrook Swimming Pool**  
13027 Atlantic Avenue, Rockville  
<http://www.twinbrookpool.org>  
**2009 House Guest Application**

**Mailing Address**  
Twinbrook Swimming Pool  
P.O. Box 705  
Rockville, MD 20848

**Description**

- A houseguest is a person who is sharing a member's residence for the summer.
- *All houseguest applications must be approved by the TSP board!*
- The following memberships are eligible for house guests: Family, Roommates and Two-Person (Single memberships are eligible, but it would cost less to convert to a Two-Person membership).

**Compute Cost**

|   |              |
|---|--------------|
| <b>Original Price</b>                     | <b>\$120</b> |
| Is sponsoring member a certificate owner? | -\$40        |
| <b>Actual Price</b>                       |              |
| <b>Amount Paid</b>                        |              |

**Applicant Information** (Sponsoring Member)

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

Certificate Number (if applicable) \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

E-mail(s) \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_

**2009 House Guest Application**

**Guest Information**

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

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail(s) \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_

\_\_\_\_\_

**Comments to TSP board regarding houseguest membership (optional):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2009 House Guest Application

LIABILITY WAIVER/HOLD HARMLESS AGREEMENT: By signing below I agree that I am voluntarily participating in activities and use of facilities and premises (including the parking lot) and assume all risk of injury, illness, damage or loss to me or my property. I further agree that I shall hold this club, its directors, and agents harmless from any and all loss, claims, injury, damages or liability.

Sign below and return form and check, made payable to Twinbrook Swimming Pool, P.O. Box 705, Rockville, MD 20848. If paid using credit card, please attach receipt.

Guest member agrees to abide by the rules stated by Twinbrook Swimming Pool and that he/she is sharing residence with member for the summer.

\_\_\_\_\_  
Print Name (Guest)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Member verifies that all information supplied on this application is correct.

\_\_\_\_\_  
Print Name (Member)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(do not write below this line -- for TSP board use only)

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Approved by \_\_\_\_\_ (board signature required)