

**Baldwin Oaks Homeowners Association
2018 Pool Pass Application**

Please complete and return this application to Baldwin Oaks, 10494 Business Center Court, Manassas, VA 20110. If you have any questions regarding this application, please contact the Burke Community Management Group office at 703-361-9014.

Applicant Names: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Phone Numbers
	(Home)
	(Work or Cell)
	(Home)
	(Work Or Cell)
Address:	

Names of All Persons Occupying Residence (please print clearly)	Under the age of 16?	Under the age of 18?	If Yes, Date of Birth	Need 2018 Sticker only	Need new pass (\$5.00 cost)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>

Yearly stickers or replacement passes will not be issued without emergency contact information	
In case of an emergency, Contact (MUST BE COMPLETED)	
Name:	Phone Number:
Name:	Phone Number:

In consideration of using the Baldwin Oaks Homeowners Pool, the owner(s) or tenant(S) agree to abide by the association rules and regulations regarding the pool and associated facilities. Said owner(s) and tenant(s) understand there will be a \$5.00 charge for the replacement of any lost pool pass.

Signed: _____ Date: _____

If Applicable: Amount paid by check or money order made out to Baldwin Oaks:	
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(Please do not write below this line)