

LAKERIDGE WEST COMMUNITY ASSOCIATION

P.O. BOX 395 OLD BRIDGE, N.J. 08857

RESIDENT REGISTRATION FORM

HOME OWNER NAME 1: _____

HOME OWNER NAME 2: _____

RESIDENT ADULT & CHILDREN NAMES: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

*NON- RESIDENT CHILDREN NAMES: _____

CONTACT INFO: _____

GRANDCHILDREN NAMES: _____

* TO BE ELIGIBLE FOR NON-RESIDENT CHILDREN TO HAVE POOL ACCESS WITHOUT HOME OWNER THIS FORM MUST BE COMPLETED AND ON FILE AT THE POOL CLUB. IDENTIFICATION IS REQUIRED.