



LAUREL HILL COMMUNITY ASSOCIATION
8380 Laurel Crest Drive – Lorton, VA 22079
Management Office: 703.493.8961 | Fax: 703.493.8962



2025 ASSOCIATE MEMBERSHIP FORM & INVOICE FOR TRITONS SWIM TEAM

* Please return the completed form, payment check, and proof of membership to your neighborhood pool (if applicable) to the management office as directed below. *

* **Please Note:** This Associate Membership is for those joining the Laurel Hill Tritons Swim Team *

Package Options & Pricing:

| | | |
|-----------|--|----------|
| Option #1 | Associate Family Membership – Access to the Pool – Full Summer | \$330.00 |
| Option #2 | Swim Team ONLY Membership – Access ONLY for Tritons Swim Team Events & Meets <u>NOTE:</u> This discounted rate <u>only</u> applies to families that already belong to their neighborhood and can provide membership documentation, payment receipt, etc. | \$165.00 |

- **Associate Family Membership:**

- Access to the pool for Tritons swim team events and meets.
- Access to the pool during the pool hours (12 PM to 8 PM) for the full summer 2025 pool season (Memorial Day to Labor Day).
- You will have a pool account with CellBadge to gain access to the pool.

- **Swim Team ONLY Membership *:**

- Access to the pool for Tritons swim team events and meets only.
 - Swim practice
 - Time trials
 - TGIF nights
 - Home swim meets
 - End of season party
- * No access to the pool during regular pool hours (12 PM to 8 PM).
- * You will not have a pool account with CellBadge.
- * Must be able to prove you belong to your neighborhood pool such as membership documentation, payment receipt, etc. *

Contact Information:

| | |
|-----------|---|
| LAST NAME | |
| ADDRESS | |
| PHONE | <input type="checkbox"/> Cell <input type="checkbox"/> Home |
| EMAIL | |

Package & Payment:

| | |
|---|---|
| <input type="checkbox"/> Option #1 - \$330.00 | <input type="checkbox"/> Option #2 - \$165.00 |
|---|---|

Tritons Swimmer Information:

Please list the name(s) of Tritons swimmer(s):

| | |
|--|--|
| | |
| | |
| | |

Family Information:

Please list all the name(s) of any family members or friends that might attend swim practice, meets, and/or events:

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Make Checks Payable To:
Laurel Hill Community Association (LHCA)

Send or Drop-Off Form & Payment:
Laurel Hill Community Association
Attn: Amy Van Norman
8380 Laurel Crest Drive – Lorton, VA 22079

Email: amy.vannorman@cardinalmanagementgroup.com

Tritons Information:

<https://www.lhtritons.org/> | LaurelHillSwimTeam@gmail.com

Office Use:

Date Received: _____ Check Amount: _____ Check Number: _____