



Waterville Estates Association

Midweek Adult Membership Form

Name: _____

Address: _____

Membership Start Date: _____

Phone #: _____

Email: _____

Midweek (Monday – Friday) Adult Picture Pass: \$750 annual membership

Blackout dates apply, see below

As a member you are entitled to purchase 4 guests Day Passes per visit.

Current daily pass fee applies see below.

Day pass - weekday (Monday-Friday) fee per person \$10.00

Seniors 65 Plus - \$5.00

Children 8-17 are \$5.00.

Children 7 and under are free.

****** All passes expire one year from purchase date ******

1. My guests and I will use the Waterville Estates Community Center & all its amenities at our own risk. We will not hold Waterville Estates or its employees liable for any injury sustained while using the facility.
2. Failure to comply with the Waterville Estates Community Center Rules & Regulations will result in revocation of passes and privileges.
3. I am entitled to bring 4 guests with the purchase of a Day Pass for each individual.
4. This pass is non-transferable.
5. There is a \$25.00 replacement Fee for a lost or stolen pass.
6. Failure of my guests to comply with Waterville Estates Community Center Rules and Regulations will result in revocation of all passes.
7. I will present my valid Picture Pass every time I use the Community Center.
8. Blackout Dates: MA February vacation week (2/17-2/21); July 4 week (7/1-7/5); Christmas vacation weeks (12/23-1/3)

Signature: _____ Date: _____

Credit card transaction – 3% fee

Please check the appropriate boxes on the next page

SEND COMPLETED PASS PAPERWORK TO:

Waterville Estates | 562 Winterbrook Road | Campton, NH 03223 or r.beard@waterville-estates.com



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- By signing below, I also acknowledge that Waterville Estates Association does not hold Picture or Guest Passes on file and that all passes must be present & scanned in order to gain access to the Community Center.
- Acknowledgment that I have received and read through the Waterville Estates Community Center Rules & Regulations

Print Name : _____

Date: _____

Signature: _____

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