



RESIDENTS INFORMATION FORM

Please make sure the information that you give us is current so that we can provide you with important details about your account.

All residents added to your account must be a permanent resident living at your Tuscany address. Proof of residency will be required.

*Homeowner on Title: _____ Male Female Other

*Tuscany Address: _____

*Contact Number: _____ Home Cell

*Email: _____ *Billing Email: _____
(if different)

ADD RESIDENTS

Please note: We only need children's date of birth for program registration.

Please select one: Adult or Child

Full Name: _____	<input type="checkbox"/> (18+) Adult	<input type="checkbox"/> Child's DOB	____ / ____ / ____ MM DD YY
Full Name: _____	<input type="checkbox"/> (18+) Adult	<input type="checkbox"/> Child's DOB	____ / ____ / ____ MM DD YY
Full Name: _____	<input type="checkbox"/> (18+) Adult	<input type="checkbox"/> Child's DOB	____ / ____ / ____ MM DD YY
Full Name: _____	<input type="checkbox"/> (18+) Adult	<input type="checkbox"/> Child's DOB	____ / ____ / ____ MM DD YY
Full Name: _____	<input type="checkbox"/> (18+) Adult	<input type="checkbox"/> Child's DOB	____ / ____ / ____ MM DD YY

Membership cards will not be issued to anyone under the age of 12.

To remove residents from your account, please print their names below

Remove Resident : _____	Remove Resident : _____
Remove Resident : _____	Remove Resident : _____

*Homeowner Signature: _____

Date Signed: _____