

Hilltop Gardens Pool Membership Application Form 2021

Naı	ame Surname		ID Number		
Fm	ail Address				
	me Address				
ПОІ	ine Address				
Cor	ntact Number	Eme	rgency contact number		
			<u></u>		
Dad	ro of Namehoushin		Data	f Francis	
Dat	te of Membership		Date 0	f Expiry	
Fe	ee Schedule			ı	
	Adult (30+)	St	art to end of season	€350*	
Aş	greement & Terms and C	conditions		1	
1.			t present his/her membe	ership card at the Lounge Bar for	
	-		•	ber fails to provide his/her	
			•	replace membership cards which	
	are lost or stolen. Membership cards cannot be assigned or transferred to another person.				
	Accompanying guests who are not members are required to pay at the Lounge Bar.				
2.				licant must be 30 years of age and	
	over. Anyone under 30 years of age, inclusive of toddlers and children, are strictly not allowed				
	by the pool area. Pets are not allowed.				
3.	Hours of operation. Pool members are entitled to utilize the pool daily between 9AM and 6				
	PM. Hilltop Gardens reserves the right to vary, add or eliminate access from the pool in any				
	given time according to need.				
4.	Personal Property. The Management is not responsible for theft or loss of personal property.				
4.	Please secure all valuable items prior to entering the pool.				
5.				m The Lounge are permitted	
	Food & Beverage. Only food & beverage items purchased from The Lounge are permitted. Conduct. The Management reserve the right to refuse entry, cancel a membership or request a				
6.			-		
member to leave the premises if the member does not behave in a responsible ma					
	under the influence of drugs and/or alcohol or does not adhere to the conditions of use.				
*Ra	te applicable till 3rd June 2021				
\٨/	e'd like to stay in touch with ex	volusive offers a	nd the latest information from	n Hillton Gardens	
	d the related entities within H				
	t if you want to hear about us		_		
уо	ur rights and choices, and how				
W۱	ww.hilltopgardens.com.mt				
D	eclaration				
_	I hereby declare that all information provided for the purpose of this application form is to my knowledge complete				
	and correct. I certify that I am in good health and in proper physical condition to use the pool. In addition, I have not				
be	en advised of any medical con	ditions that wo	uld impair my ability to use the	e pool.	
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Da	ate:		Applicant's Sigr	nature:	

For Office use – 2 Passport Photos
Assigned Membership Number Processed by