



# HALLOWEEN VIRTUAL CAMP OUT

## Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read and initial the areas below, as well as sign and date. Please return registration form as soon as possible to [admin@svla.com](mailto:admin@svla.com), as space is limited. A confirmation email will be sent once your registration has been confirmed.**

\_\_\_ I understand that space is limited, and it is a first come first serve basis.

\_\_\_ I understand that my registration is not confirmed until I have received a confirmation email from the Association Office.

\_\_\_ I understand that supplies provided are based on a family size of four and additional supplies will not be provided.

\_\_\_ I understand that I am not allowed to sign up for additional families, even if I own multiple properties. It is one per family.

\_\_\_ I understand that if I do not pick up my supplies by the date and time assigned to me that my reservation may be given to the next person in line.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date