

CVI 1: Summary Card

DATE _____



Your Name _____ Spouse's Name _____

Home Address _____ City _____ Zip _____ Phone (____) _____

Company Name _____ Cell Phone (____) _____

Company Address _____

Contact Person _____ Phone _____ FAX: _____

Location of Sick Route Cards _____ Email Address _____

Are you interested in doing repairs for service only sick members at discounted parts and labor rates? Yes _____ No _____

Towns you have pool service in and number of each type of service account in each town

PLEASE NOTE - Whether you service pools or do repairs only, you still need to list Zip Codes for areas in which you work

City Name	Zip Code	# Full Service	# Chem/Filter	# Chem Only	City Name	Zip Code	# Full Service	# Chem/Filter	# Chem Only

Use Multiple Cards if Required to List All Information. This card must be updated every year.

I have waived any and all claims against IPSSA, Inc., IPSSA Management Company, IPSSA's chapters and/or its individual members arising out of my participation in the IPSSA Sick Route Plan, including, but not limited to, claims for lost income resulting from improper maintenance performed by IPSSA members. Sign: _____

THIS CARD EXPIRES ON DECEMBER 31, 2011