

SWIMMING POOL REGISTRATION

Applications must be received by 4/30 for processing prior to pool opening. Homeowners must be current in dues before passes will be issued; passes will be revoked if homeowners fall into arrears. No exceptions will be made. Only one family membership will be issued per address; non-resident owners may transfer privileges to their tenants if desired. Additional memberships may be sponsored by owners and community residents with pool privileges only, subject to restrictions of members.

OWNER RESIDENT FORM

ADDRESS: _____

PHONE: _____

Names, Sex and Age (18 & under) on Memorial Day 2010. Only full time, permanent residents are eligible for passes. DO NOT include friends, family members or babysitters who do not reside at above address all year.

NAME	AGE/SEX
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the above information is correct and understand that falsified information is cause for revocation of pool privileges for the entire household.

I agree to abide by the rules and will explain them to my family and guests; I understand that violation will be cause for suspension or revocation of pool privileges.

(Signature of Owner) (Date)

Long-term visitor passes may be purchased for visitors who will be residing at above address for the summer season for \$50.00 each and can be used only by the visitor named on pass.

Guest passes may be purchased for \$2.50 each for friends, other family member or guests per admittance. Guests must be accompanied by the regular member to gain admittance.

Number of guest passes:
_____ X 2.50 each = _____

Number of long term visitor passes:
_____ X \$50.00 each = _____

Name, Sex/Age of cardholder:

Total Amount enclosed: _____

RENTAL TENANT FORM

ADDRESS: _____

PHONE NUMBER/TENANT: _____
(Required)

PHONE NUMBER/OWNER: _____
(Required)

Names, Sex and Age (18 & under) on Memorial Day 2010. Only full time, permanent residents listed on lease are eligible for passes. DO NOT include friends, family members or babysitters who do not reside at above address all year.

NAME	AGE/SEX
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the above information is correct and understand that falsified information is cause for revocation of pool privileges for the entire household.

I agree to abide by the rules and will explain them to my family and guests; I understand that violation will be cause for suspension or revocation of pool privileges.

(Signature of Tenant/Resident) (Date)

I certify that the above named tenants are permanent, full time residents on the lease for my property address above. I give my tenant permission to purchase additional pool passes as itemized below.

(Signature of Owner - REQUIRED) (Date)

Number of guest passes:
_____ X 2.50 each = _____

Number of long term visitor passes:
_____ X \$50.00 each = _____
Name, Sex/Age of cardholder:

Total Amount enclosed: _____

All passes must be purchased in advance by mail. Lost or damaged passes will be replaced for a fee of \$5.00 each. All fees due must accompany this application. Passes will be mailed to the owner/tenant by USPS first class mail ONLY at the address listed on this application. Inaccurate, incomplete and/or illegible applications will not be processed and will be returned if identifiable.