

# Coldwater Crossing Master Association

## **Owner Pool Application- 2019**

Please complete & return entire form

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

PHONE #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Dog Name & Type \_\_\_\_\_ Pet Weight \_\_\_\_\_ Pet Color \_\_\_\_\_ Date of Rabies Vac \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

Vehicle Make & Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **OWNER POOL APPLICATION- 2019 SEASON**

*I (We) hereby apply for pool membership for the 2019 season. I, along with all family members and guests, agree to be bound by all Rules and Regulations as set forth by The Association, Management or as verbally announced by the pool attendants.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT IN CLEAR HANDWRITING**

**Must select one option for each resident. ID (Your first pool ID), VS (Validation Sticker or CG (Caregiver ID \$50 each)**

<u>RESIDENTS</u>	<u>DOB</u>	<u>RELATIONSHIP</u>	<u>CHOOSE ONE</u>		
			see above for instructions		
			<u>ID</u>	<u>VS</u>	<u>CG</u>
1. _____	N/A	SELF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	N/A	SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>