

# Coldwater Crossing Master Association

## Tenant Pool Application- 2019

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

Tenant Name/Lease Holder: \_\_\_\_\_

Tenant Phone #: \_\_\_\_\_ Tenant Phone #: \_\_\_\_\_

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

Dog Name & Type	Pet Weight	Pet Color	Date of Rabies Vac
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_____	_____	_____	_____
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_____	_____	_____	_____
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EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

Vehicle Make & Model	Year	Color	Plate Number:
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### TENANT 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.

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

Owner 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)

RESIDENTS	DOB	RELATIONSHIP	CHOOSE ONE		
			ID	VS	CG
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"/>