Date	
Owner:	Tenant:
	Lease:

Silver Creek of Clay County Homeowner's Association

2017 Pool Registration Form

Property Address:
Resident #1:
Resident #2:
Contact Phone Number:

As the owner/tenant of the above address of Silver Creek of Clay County HOA, I request pool membership to be granted to those members of my household listed below. We have read and understand the Swimming Pool Rules and Guidelines governing the swimming pool and hereby agree to abide by said rules.

_____

Signature of Owner/Tenant

*Please identify all **residents** who will be using the pool during the 2017 season. **Please list only persons who are full time residents of the property**. To avoid delays in gaining entrance to the pool, all residents must be registered using this form. Pool Forms must be on file with The CAM Team and will not be available at the pool.*

Last Name	*First Name*	*Age* *18 and under only*