POOL APPLICATION
SUMMER SEASON 2010

Name: _____

Unit Number: _____

Phone # Home: _____

Phone # Work: _____

Phone # Cell: _____

TYPE OF MEMBERSHIP: (PASS NUMBER)

Single Resident Adult and One Guest: _____

Family: _____

Guest Pass: _____

Single: _____

Names of all family members should be listed below. If children, please note ages:

_____ _____

_____ _____

_____ _____

I agree to abide by all the Rules and Regulations governing the pool and understand that Pool Membership is in addition to Condominium Assessments.

Enclosed is my check/cash in the amount of $_____ for the above membership.

Signed: _____ Date: _____

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Please return application and signed Release and Assumption of Risk Agreement with your check (**made payable to the Americana Towers Condominium Association**) to the Building Office.

ALL POOL USERS SHALL ABIDE BY AND BE SUBJECT TO ALL STATE AND LOCAL ORDINANCES GOVERNING POOL USE.