

**POOL APPLICATION  
SUMMER SEASON 2007**

Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Phone # Home: \_\_\_\_\_

Phone # Work: \_\_\_\_\_

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.**