

**POOL APPLICATION
SUMMER SEASON 2011**

Name: _____ Unit Number: _____

Phone # Home: _____

Phone # Work: _____

Phone # Cell: _____

Number of Passes Purchased: Single _____ Guest _____ Family _____

Names of all family members should be listed below (if purchasing Family pass). 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: _____

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.

***** FOR OFFICE USE ONLY *****

<u>TYPE OF MEMBERSHIP:</u>	<u>PASS NUMBER</u>
Single:	_____
Guest:	_____
Family:	_____

PLEASE COMPLETE RISK WAIVER ON REVERSE SIDE