

WATSON FARMS HOA POOL REGISTRATION 2019

**** PROPERTY OWNER'S NAME****

RESIDENT'S NAME:	
ADDRESS:	
CITY-STATE-ZIP:	
PHONE CONTACT	HOME: CELL:
E-MAIL ADDRESS:	

ALL PERSONS LIVING AT THIS RESIDENCE

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>

EMERGENCY CONTACT

NAME:	PHONE:
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The undersigned verifies that this residence is current with its homeowners dues, all persons above have a reason to reside in the residence, all persons will obey and respect the pool management company, and will have fun and enjoy the pool when they swim. By signing below you have read the pool rules and will abide by them while using the WFHOA pool.

SIGNED:	DATE:
SIGNED:	DATE:

***** VERY IMPORTANT *****

**Fill this form out COMPLETELY and bring it to the pool with you to get your pool bands
Dues must be paid in full. To get bands.**

Wristband distribution: AT POOL SCHEDULED BELOW

Saturday, April 27, 2019 - 11:00 am to 2:00 pm

Saturday, May 4, 2019 - 11:00 am to 2:00 pm

AFTER THESE DATES, YOU WILL HAVE TO GO DOWNTOWN TO GET YOUR WRISTBAND

