

**CASTLE RIDGE CONDOMINIUM ASSOCIATION
2018 POOL REGISTRATION**

Unit Owner(s) Name: _____

Unit Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I authorize the Association to issue badges to the tenant(s) listed below:

Homeowner Signature

_____ Number of individuals living at above address with proof of residency.

List each member of household below. Use back of form for additional names.

Name	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I hereby certify the foregoing to be true. I have read and agreed to abide by the enclosed pool rules in effect at all times.

Signature of person receiving badges _____
Date

BADGES ARE PERMANENT AND MUST BE VALIDATED EACH SEASON AND RETAINED FOR FUTURE USE.

Office Use Only. # Badges _____ Date Issued _____ Issued By: _____

**SMOKING IS PROHIBITED IN AND AROUND
THE POOL**