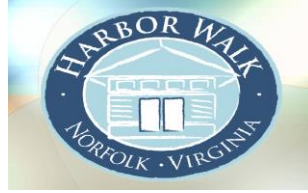


Harbor Walk Condominium Association, Inc.



Harbor Walk Condominium Association Pool Pass Application

**ALL APPLICABLE INFORMATION REQUESTED
MUST BE COMPLETED IN ORDER TO RECEIVE A PASS**

Unit Address: _____

Phone: h: _____ w: _____ c: _____

Mailing Address: _____

Unit Owner: _____

Employed by: _____

Children:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Emergency Contact: _____ Number: _____

Tenants (if applicable):

Name: _____

Phone: h: _____ w: _____ c: _____

By accepting the pool pass, I agree that I have read the pool rules and that I will be responsible to ensure that everyone listed on the form will abide by pool rules, which are designated for the safety and health of all users. I understand there is no lifeguard on duty and use of the pool is at your own risk. Should the assessment on my unit become delinquent, I understand that our collective right to use the pool will be revoked.

Unit Owner Signature: _____ Date _____

Pool Pass ID#: _____ Date: _____ Admin: _____