

Newberry Condominium Association
Application for Swimming Pool Passes
For
UNIT OWNERS

Please complete this form with the information requested for all members of your household who are eligible to use the pool (residents two (2) years of age and older).

By signing this form, you agree to abide by the rules and regulations of the pool.

NEWBERRY ADDRESS: _____

OWNER'S NAME: _____

OWNER'S SIGNATURE: _____

EMERGENCY PHONE NUMBERS: HOME: _____ WORK: _____

CELL: _____

Please note:

Identification indicating residence for each individual at the above address will be required to obtain passes.

Name: _____ Relationship: _____
Date of Birth: _____ Height: ___ ft. ___ in. Eye Color: _____ Hair Color: _____

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