HARVEST BEND, THE MEADOW HOA
POOL TAG REGISTRATION FORM

(This form will be maintained at our pool for emergency contact information)

HOMEOWNER LAST NAME: _____FIRST NAME: _____

ADDRESS:_____SPOUSE NAME: _____

HOME PHONE NO. _____DAYTIME/CELL PHONE _____

OWN HOME: _____RENTAL PROPERTY_____

IF RENTAL PROPERTY, HOMEOWNER TO PROVIDE FULL NAME(S) OF TENANT AND SPOUSE, TENANT EMERGENCY PHONE NUMBERS, AND NAME, DATE OF BIRTH, AND AGE FOR TENANT'S CHILDREN.

NAME OF TENANT(S)_____

TENANT HOME PHONE NO: _____TENANT DAYTIME PHONE _____

EACH HOMEOWNER OR TENANT MUST COMPLETE THIS SECTION:

NAMES (of HBTM Homeowner(s) children, and/or tenants, for whom pool tags are being requested):

1 _____DOB: _____AGE:_____

2 _____DOB: _____AGE:_____

3 _____DOB: _____AGE:_____

4 _____DOB: _____AGE:_____

5 _____DOB: _____AGE:_____

6 _____DOB: _____AGE:_____

7 _____DOB: _____AGE:_____

8 _____DOB: _____AGE:_____

IN CASE OF AN EMERGENCY, PLEASE CONTACT _____

EMERGENCY PHONE 1: _____EMERGENCY PHONE 2: _____

HOMEOWNER SIGNATURE: _____Date: _____

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_____ **Account cleared by ACMP**

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Pool Tag Numbers Assigned to this Account for:

Adult Tags :_____

Minor Tags (Dark Green):_____