

Pool Pass # _____

Seasons Trace Recreation Association

2025/26/27/28/29 POOL REGISTRATION FORM

Resident Address _____

E-mail _____

Best Contact Phone Number _____

Members of Household: Residence will be verified by ID or bill with ST address. Only list members who live in the house. You must complete this form and provide residency documentation prior to receiving pool pass bands. A maximum of three (3) guests are permitted, per household, per day.

NAMES of Members in Household

AGE (If under 18)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All members of the household and their guests must abide by the pool rules and regulations. Failure to adhere to pool rules and regulations may result in the loss of pool use privileges.

If your HOA assessments are not current, your household may be denied entrance to the pool.

The lifeguards will not have any information concerning the status of your account. Any questions concerning the status of your account should be directed to the property manager or your respective HOA President.

Print Name _____

Signature _____ Date _____