



2017 Pool Tag Registration Application

OWNER INFORMATION (Must be completed by tenant , if applicable)	
Owner Name:	
Property Address:	
Phone Number:	
Email Address:	
Current Resident	Yes? _____ No? _____
Emergency Contact:	

TENANT INFORMATION (if Applicable)	
Tenant Name:	
Phone Number:	
Email Address:	
Current Resident	Yes? _____ No? _____
Emergency Contact:	

POOL TAG INFORMATION		
Tag Holder Name	Relationship	Age
1.		
2.		
3.		
4.		

*(4 per household, additional need Board approval)

I, _____, understand that all members of my household and guests must abide by all rules posted at the facility. Everyone over the age of 13 must have a pool tag to enter the pool. Expulsion from the facility will occur should the rules not be followed.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY	
Received Date:	
Entered Date:	
Entered By:	
Account Verified:	YES _____ NO _____

****Only residents in good standing with the Association may receive pool tags and access the facility. Pool ID usage will be enforced by the lifeguards on duty. If you have already picked up and received your tags, PLEASE DO NOT SUBMIT THIS FORM. ****

PLEASE RETURN THIS FORM TO:

High Sierra Management, Inc.
 Po Box 940267
 Houston, Texas 77094
 Fax: 281-391-7913