



The Carolina Forest Homeowner's Association 2025 Pool Registration

Print

Applicant's Name:			
Address:			
Please list all household members:			
	Name	Date of Birth (Children Only)	Male/Female
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Applicant's Home Telephone Number:	()
Applicant's Work Telephone Number:	()
Other Telephone Number:	()

Emergency contact other than someone in your household:
Emergency contact telephone number:

I have read and will abide by the pool rules and regulations of the Carolina Forest Homeowner's Association.

Applicant's Signature:	Date:
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Please bring this form and 1 form of ID during pool registration.

Received Pool passes _____ (Applicant's Signature)

Replacement pool passes will be **\$10.00** each _____
(Applicant's Signature)