Deer Öreek Village

## Homeowners Association c/o Alton, LLC 2731 S. I-35 Service Rd., Moore, OK 73160 (405) 366-0000

## Deer Creek Village Community Fitness Center & Pool Card Application Please type or print information legibly. \*All Fields Are Required\*

Deer Creek Village Hom	<u>eowner Information:</u>		
Last Name:	First Name:		_
Street Address:		Edmond	, OK 73013
Primary Phone:	Alternate:		
Primary E-Mail Address: _			
Alternate E-Mail Address: _			
Property Management C			
Company Name	· · · · · · · · · · · · · · · · · · ·		
Address:	, City	/ State 2	Zip
Primary Phone:	Alternate:		
Primary Contact:	Tit	tle:	
Primary E-Mail Address:			
Primary Resident &/or 1	enant Household Members: (On	nly persons residing at this ac	ldress)
Name	DOB		
Name			
Name	DOB		
Name	DOB		
Primary Phone:	Email:		

I/We do hereby assume all risk of injury to myself &/or tenants, &/or to my household /Tenant family members, and/or my/tenant quests and absolve and hold harmless Deer Creek Village Homeowners Association, Inc. and all of their employees, officers, and administrators, from any, and all, claims for losses, injuries, and/or consequential damages including attorney fees. I am aware that swimming is a strenuous activity with some inherit dangers and risks. I acknowledge that I have received, understand and agree to all Deer Creek Village Fitness Center & Pool Rules, Policies, and Procedures. I agree that if any of the information listed on this form changes, I will notify Deer Creek Village HOA immediately. It is also understood access to fitness center & pool may be revoked at any time for any violations of the Deer Creek Village CC&R's and/or not abiding by fitness center &/or pool rules.

Replacement Card: Yes, 
No 
If Yes, Card # being replaced:

Reason for Replacement:

Pool Card Replacement Fee: \$45.00	Method of Payment: Check or Money Order
Homeowner's Signature:	Date:
Property Management Authorization I	by: Date:
Primary Tenant's Signature:	Date:

Please return the completed form with attached required proof of residency (any document with your name and Deer Creek Village home address on it) and copy of Dues Payment Receipt with Confirmation # for Replacement Card Fee to StacyJ@neighborhoodsplus.com Upon receipt of completed form we will contact you to schedule date & time to receive your pool card.

Method of Payment: Check or Money Order Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

Date Application Received:	Completed by Mana Proof of Residenc	0
		Code #
Issued On Replacement Card: Yes, □ No □		#
	Date:	
		and understand only one (1) card per household and if a
replacement card, original card issued v		
I,	Received Card #	on
(Name of Household Memb	nor)	

(Name of Household Member)