

RESIDENT 30-DAY COMPANION FORM

Please issue a Companion Pass to _____
Print Name

Companion Contact Number _____

THIS PASS IS ISSUED FOR 30 DAYS

This pass is issued for Mr/Mrs _____

Address _____

I.D. MUST BE SHOWN TO PERSON IN I.D. OFFICE

COMPANION PASS FEE IS \$5.00

RESIDENT SIGNATURE

I UNDERSTAND THAT THIS COMPANION PASS IS ONLY VALID FOR ENTRY AT THE MILITARY TRAIL GATE (EAST) AND POWERLINE GATE (WEST). I WILL AT NO TIME ATTEMPT TO USE THE MAIN GATE ON HILLSBORO BOULEVARD.

I FURTHER UNDERSTAND THAT IF I VIOLATE THIS RULE, SECURITY IS ALSO AUTHORIZED TO CONFISCATE ALL I.D. CARDS AND PASSES EXPRESSLY FOR, BUT NOT LIMITED TO, THE FOLLOWING REASONS:

- INAPPROPRIATE BEHAVIOR
- VIOLATION OF CVE AND CLUBHOUSE RULES
- EXPIRED PASSES
- ILLEGAL PASSES, ETC.

I UNDERSTAND THE ABOVE RULES AND WILL COMPLY WITH THEM AT ALL TIMES.

COMPANION SIGNATURE

PRESIDENT SIGNATURE

Date _____

BLDG
SEAL

**NO WEAPONS OF ANY KIND ALLOWED ON RECREATION PROPERTY.
ALL RULES AND REGULATIONS BY ORDER OF D.R.F., INC.**