



Member Pool Use Form

Homeowner Name (s) _____

Renter Name (if applicable) _____

Address _____

Household Members: (Provide date of birth of children or write-in "adult" if over age 18)

Name _____ D/O/B _____ Name _____ D/O/B _____

Name _____ D/O/B _____ Name _____ D/O/B _____

Name _____ D/O/B _____ Name _____ D/O/B _____

Phone# _____ Emergency# _____

Alternate #: _____ eMail Address _____

I have read and understand all of the Pool Rules: _____

Signature

Are pool privileges assigned to renter? Yes or No (Circle one if applicable)

Naming persons other than those living in the residence is fraudulent and will result in loss of pool privileges.

Check# _____ R'cvd _____

Mail or drop off form at: Los Paseos Association, 7047 Via Ramada, San Jose, CA 95139

Or FAX to (408) 224-9880

Questions? Call (408) 224-9880