

**GOLD RIDGE FOREST PROPERTY OWNERS ASSOCIATION
4101 OPAL TRAIL, POLLOCK PINES, CA 95726 530-644-3880
RECREATION REGISTRATION FORM**

UNIT & LOT # _____ - _____ RESIDENT FOR: FT _____ PT _____ LOT _____ TENANT _____
NAME _____
ADDRESS _____ MAIL ADDRESS _____
PHONE (HOME) _____ (BUSINESS) _____
E MAIL _____
SPOUSE'S NAME _____
NAMES OF CHILDREN _____ BIRTHDATE _____

NAMES OF OTHER FAMILY MEMBERS (RELATIONSHIP) PERMANENTLY RESIDING IN HOME OF GRF MEMBER _____

BEFORE A RECREATION FOB WILL BE ISSUED THIS FORM MUST BE FILLED OUT, SIGNED, DATED, AND RETURNED TO THE ASSOCIATION OFFICE. THIS PROCEDURE IS AN ATTEMPT TO PROTECT ALL MEMBERS AND ENHANCE THE PROBABILITY OF CONTINUED FACILITY AVAILABILITY. I ACKNOWLEDGE THE FOLLOWING:

- 1. THAT I HAVE RECEIVED A COPY, READ, AND UNDERSTAND THE RECREATION AREA RULES (DOCUMENT ENCLOSED). THAT I HAVE READ ALL OF THE FOLLOWING TOPICS AND RULES:
 - A. IDENTIFICATION OF MEMBERS AND GUESTS.
 - B. RECREATION RULES.
 - C. USE OF SWIMMING POOL FACILITIES.
 - D. TENNIS COURTS RULES.
 - E. USE OF RECREATION FACILITIES.
 - F. USE OF LODGE FACILITIES.
 - G. RECREATION AREA GROUNDS CONTROL

2. THAT REPEATED VIOLATIONS OF THE RULES AND REGULATIONS BY FAMILY MEMBERS OR GUESTS MAY RESULT IN ACTIONS DEEMED INAPPROPRIATE BY THE BOARD OF DIRECTORS. SUCH ACTION MAY RESULT IN CANCELLATION OF FACILITY USE RIGHTS AND FORFEITURE OF MY RECREATION FOB USE. **LOSS OF FOB RESULTS IN \$50 FEE**

IT IS WITH THE ABOVE UNDERSTANDING THAT I ACCEPT A RECREATION **FOB**.

PRINTED NAME _____ DATE _____

SIGNATURE _____

OFFICE USE:
KEY ISSUED _____

CC&R'S _____ DUES AWARENESS _____ GRANT DEED ON FILE _____

