

**BAKERS CROSSING HOMEOWNERS ASSOCIATION  
POOL PARTY RESERVATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date submitted:** \_\_\_\_\_

**Date of Party;** \_\_\_\_\_

**Description of any planned activities during party**

**I /We hereby understand and agree to the following:**

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- 1. I/We acknowledge that I/We are residents of the Bakers Crossing Community.**
  - 2. A refundable check for \$50.00 made payable to Bakers Crossing HOA is required at least 4 days prior to the scheduled event.**
  - 3. All pool rules will be strictly adhered to during the scheduled event.**
  - 4. All trash will be removed from the pool area and disposed of at the homeowners' residence.**
  - 5. The refundable \$50.00 check will be returned to the homeowner after a final inspection has been performed by a member of the Board of Directors**
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**Signature of  
Owner(s)** \_\_\_\_\_

**Date:** \_\_\_\_\_