

TCGC POOL PASS APPLICATION 2025

Please Check Type of Membership

Payment should b	e check or	money orde	er only and paya	able to TCGC	· ·•	
Senior Rate \$175 Single Rate \$225						
<u>Member Informa</u>	tion:					
Name:				Phone:		
Address:				Alt-Phone:		
City:				Email:		
State: Zip:				Date of Birth:		
Gardens Condominium As claims or damages arising failure. All residents and g application understand th	ssociation, its off from the actions guests listed on the at pool privileges listed below to the	icers, employees, s or failure to act nis application as s can be revoked ase the swimming	agents or representative by the Association with ree to abide by the swifter not complying with a facilities in my place	ves, collectively the h respect to the ope mming pool rules a n the rules or lifegua	ify and hold harmless the Thomas Choice "Association" from and against any and all ration of the swimming pool and related nd regulations. Persons listed on this ard's requests. (If applicable, I give my n season. I have explained to them that they	
Household Members:	occupants. Res	ident owners mus	st list household occupa	household members in order to receive pool passes for the pants to receive pool passes for the individuals. Emergency or all household members requesting pool passes.		
Name Of Occupant(s)			Date of Birth			

Pool Opening: Friday, May 30, 2025 Pool Closing: Monday, September 1, 2025

Friday 1:00 PM - 5:00 PM Saturday 12:00 PM - 7:00 PM Sunday 12:00 PM - 7:00 PM Holiday12:00 PM - 7:00 PM