WPHOA EXTENDED VISIT PASS

Name of Resident:_____

Address:_____

Name of Guest:_____
DOB:_____

Name of Guest:_____
DOB:_____

Name of Guest:_____
DOB:_____

Name of Guest:_____
DOB:_____

Start Date:_____

Expiration Date:_____

Approved by (Board member's name):_____

Signature of Board Member:_____

Date:_____

Note: The guest/guests named above must be accompanied by the WPHOA resident when using the pool and clubhouse facilities.