

Cureton Homeowner's Association
Request for Lap Swim Privileges
Between the Hours of 6:00am - 9:00am

I _____ request permission to join the lap swim
(Homeowner's Name) Print Please

During the above approved hours to (only) swim laps in the mornings.

I will swim my laps and upon completion I will leave the pool area, unless it is after 9:00am and then becomes regular pool hours.

Violation of these rules could constitute revoking lap swim privileges

ALL SWIMMERS SWIM AT YOUR OWN RISK

(Signature)

I request that the following family member(s) be allowed to (lap) swim only with me during the above times as well.

Below is a list of the family member(s)	Relationship to primary resident
1. _____	_____
2. _____	_____
3. _____	_____

Owner's Name: _____ Phone: _____

Owner's Address: _____

Email: _____ FOB No.: _____

Signature: _____ Date: _____

Email completed form to: Pool@myCMG.com

or mail to: Cureton HOA – c/o Cedar Management Group; P.O. Box 26844; Charlotte, NC 28211