



RENAISSANCE
 2017 SEASON
RESIDENT REGISTRATION/GUEST PASS
APPLICATION

Resident Address: _____ Phone#: _____

Name(s) of PERMANENT RESIDENTS living at this address and applying for RESIDENT REGISTRATION and 2017 yearly guest passes: (Please Print Full Name(s))

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Fill in Guest Pass #s (PMO use **ONLY**)

Guest Pass # _____

GUEST (Yearly) _____ x \$ 5.00 = \$ _____
 (max 4 per household) Quantity Total Due

GUEST (Booklet) 1 x \$ 10.00 = \$ _____
 Quantity Total Due

TOTAL ENCLOSED = \$ _____.

Please make your checks payable to: "RHOA"

I (we) also agree to make (our) guests aware of the rules and regulations and to be responsible for their compliance. All guests must be accompanied by a resident at all times. Lost guest passes will not be reissued.

 Signature

 Date