

**Information Form for Issuance of Pool Pass**  
**Foxwood Homeowners Association**

Property owner information (Head of Household)

Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Property Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**Pool Pass Information:**

\_\_\_\_\_  
Name \_\_\_\_\_ Age (if a minor) \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Age (if a minor) \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Age (if a minor) \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Age (if a minor) \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Age (if a minor) \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Age (if a minor) \_\_\_\_\_

Family members not residing at the property owner's address are not eligible to receive a pool pass.  
(Grandchildren are excluded from this ruling.)

**Directions:** This form must be accompanied by \$3.00 per person not to exceed \$15.00 per household.  
**Checks may be made payable to Foxwood H. O. A.** Please mail this form along with your registration fee  
and a small picture (to be attached to our business card size pool pass) for each person registered to:

Consolidated Management  
2204 Timberloch Place #245  
The Woodlands, Texas 77380

By signing this form, I certify that the above names listed are members of my immediate family who reside  
With me at the above address or are visiting grandchildren. I understand that falsification of the above  
information is grounds for the suspension of my rights and the rights of the members of my household to  
use of the pool, as allowed in the Foxwood Homeowners Association governing documents.

Signature: \_\_\_\_\_

Your pool passes may be picked up from the lifeguards at the pool during operating hours. The Board of  
Directors of the Foxwood Homeowners Association has specified that pool passes may only be issued to  
property owners whose maintenance fees are current. If you need assistance, please call 281-296-9775.