



SWIM PASS APPLICATION

Please complete the form below to request pool bands. Only one form is needed per lot/family.

Lot Owner's First and Last Name: _____

Cannonsgate Address: _____

Email Address: _____

List ALL lot numbers owned in Cannonsgate: _____

Number of passes requested. (Maximum of 4/Lot): 1 2 3 4

(circle one number)

Note:

By Checking the Agreement Box below and signing you agree to follow all rules and regulations of the Cannonsgate at Bogue Sound HOA & BSA. There is a \$20.00 Fee for each replacement pass during the Calendar Year. **Each lot may obtain a maximum of four (4) passes.**

I Agree

Signature: _____ Date: _____

Please email, fax, or mail this completed form to CAMS:

E: email@camsmgt.com | F: 252.247.4339

Cannonsgate c/o CAMS

4644-B Arendell Street

Morehead City NC 28557

You will be notified via email to the address on file, unless a different email address is noted above, when your mailbox keys are ready for pick up from the Guard House.

www.camsmgt.com

4644-B Arendell Street, Morehead City, NC 28557

P: 252.247.3101 | F: 252.247.4339 | E: email@camsmgt.com