



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 CCMC:

E: amy@ccmc-nc.com | F: 252.354.3750

Cannonsgate c/o CCMC

PO Box 5359

Emerald Isle, NC 28594

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.ccmc-nc.com

**CCMC PO Box 5359 Emerald Isle, NC 28594
P: 252.354.6333 | F: 252.354.3750 | E: amy@ccmc-nc.com**