

The Elm at Clark Condominium Association

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POOL GUEST PASS REQUEST FORM

Resident Name: _____ Unit # _____

Guest Pool Passes Request for Day: _____ Date: ___/___/___

1. GUEST NAME _____

Guest Pool Pass Number: _____ Date ___/___/___ Deposit: \$10.00

2. GUEST NAME _____

Guest Pool Pass Number: _____ Date ___/___/___ Deposit: \$10.00

3. GUEST NAME _____

Guest Pool Pass Number: _____ Date ___/___/___ Deposit: \$10.00

4. GUEST NAME _____

Guest Pool Pass Number: _____ Date ___/___/___ Deposit: \$10.00

5. GUEST NAME _____

Guest Pool Pass Number: _____ Date ___/___/___ Deposit: \$10.00

Total Additional Guest Passes Issued: _____

Total Deposit Collected: _____

Total Guest Passes Requested to Date: _____

Signature: _____ Date ___/___/___

The deposit is refundable upon return of the Guest Passes to the Front Desk.

Office use only:

Number of Pool Passes Returned: _____ Date: ___/___/___ Deposit Refunded: _____
