

BELLS CREEK & THE OVERLOOK HOA POOL RESERVATION FORM

RETURN TO: JOYNER PROPERTY MANAGEMENT

PO Box 16059

GREENVILLE, SC 29606

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kbissonnette@cdanjoyner.com

Homeowner Name _____

Homeowner Address _____

Phone: Day _____ Evening _____

Reservation Date _____ Time: From _____ To _____

*Please note that swimming must cease at 9:00pm or dark (whichever comes first), as the pool is permitted for day swimming only.

Type of Function _____ Number of Guests _____

I agree to abide by all terms, conditions, policies and rules described and included here. I agree that Bells Creek Homeowner's Association will not be held accountable for any injury that might occur during my reservation of the pool. I take full responsibility for myself and all my guests, and will be present for the duration of the event. I agree to complete all clean up necessary and leave the pool area in its original or better condition. If a cleaning service is required after my event, I understand I will incur the cost of that service.

By signing, I am acknowledging my responsibility to ensure that my guests' conduct and actions will be keeping with Bells Creek's family-friendly pool policy.

Signature _____ Date _____

Print Name _____