



SUN CITY SHADOW HILLS COMMUNITY ASSOCIATION
GUEST PASS ACKNOWLEDGEMENT

I/We, Residents at Sun City Shadow Hills Community Association do hereby acknowledge the receipt of a Guest Pass for our home located at _____, Indio, CA 92203.

I/We understand this guest pass will allow up to four (4) free guests, per day, to use the facilities at the Outdoor Pool and Fitness Center. A \$5.00 fee per person, per day, will be charged for each guest more than the four (4), if over the age of 17.

I/We understand our guests must present this card to the Fitness Center each time they are using the facilities and if lost or stolen, a fee of \$10.00 will be charged for replacement.

Resident Signature

Date

Sun City Shadow Hills Representative

Date