

Lot Number \_\_\_\_\_ Lease Start Date \_\_\_\_\_ Lease End Date \_\_\_\_\_ R&R's issued: \_\_\_\_\_

**AHWATUKEE RECREATION CENTER**

Tel (480) 893-2549  
arcescrows@arcaz.net

5001 E. Cheyenne Drive  
Phoenix, Arizona 85044  
55-year or Older Community

Fax (480) 893-3683  
www.arcaz.net

**Non-Owner Occupied Registration Property Information**

Owner/Trustee/Legal Designee Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Alternate Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Property Management Information (If Applicable)**

Company Name: \_\_\_\_\_ Company Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I, the Legal Owner/ Trustee/Legal Designee, \_\_\_ will transfer \_\_\_ will not transfer the two (2) Ahwatukee Recreation Center Membership Passes associated with the property above to the non-owner occupants. The non-owner occupants have been provided a copy of the Rules and Regulations and will abide to the terms and conditions therein. I understand that if there are any changes to this lease I will contact the ARC with updated information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*PROOF OF AGE REQUIRED\*\*\*\***

**Renter/Non-Owner Occupant(s)-PLEASE PRINT**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I/We understand that there are NO lifeguards for the pools or monitors for the fitness/aerobics rooms. I/We understand that I/We am/are at my/our own risk(s) for injury or loss of personal property during my/our time here at the ARC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_