

2025 POOL SCHEDULE

WESTGATE HOMEOWNERS' ASSOCIATION, INC.

Pool will be open May 3rd, 4th, 10th, 11th, 17th, 18th, 24th, 25th, 26th, 31st

Tuesday through Sunday: June 3rd - Aug 17th

Weekends Only September 1st, 6th, 7th, 13th, 14th, 20th, 21st, 27th, 28th

Pool hours are 10:00 A.M. – 9:00 P.M.

SPLASHPAD MAY 1ST – OCT. 31ST

Splashpad hours are 10:00 A.M. – 9:00 P.M.

The pool will be closed Mondays for maintenance. The exception will be Monday, May 26th (Memorial Day) and September 1st (Labor Day). The pool will be closed for the season on September 28th.

Pool rules are posted, and it is the responsibility of each individual to pay attention and to follow the rules. A lifeguard will be on duty during pool hours.

ACCESS CARDS WILL BE ISSUED BY MAIL FROM INFRAMARK

- (1) Complete the pool registration form below.
- (2) **First access card is FREE; \$25 or for additional or replacement access card, limit 2 per home.** Check or Money Order accepted, **NO CASH. SIX (6) HOUSEHOLD MEMBERS ALLOWED TO ENTER THE POOL WITH ONE CARD, AN ADDITIONAL CARD IS FOR CONVENIENCE ONLY, IT WILL NOT INCREASE THE NUMBER OF HOUSEHOLD MEMBERS ALLOWED. SIGN IN AT THE POOL WILL STILL BE REQUIRED. Access cards will be required for entry to the pool beginning May 3rd.**
Remember access cards are reusable, you do not need a new card each year.
- (3) If there is a balance on your account, write a separate check made payable to 'Westgate HOA', Inc. for the balance. **YOUR ACCOUNT MUST BE IN GOOD STANDING TO RECEIVE AN ACCESS CARD.** You may call 281-870-0585 for the balance due on your account.
- (4) Mail to: Westgate HOA, Inc.
 2002 West Grand Parkway North, Suite 100
 Katy, TX 77449
 Or email to: access@inframark.com
(If payment is required, request will be processed after full payment is received at address listed above)

WESTGATE HOA ACCESS CARD REGISTRATION

WESTGATE PROPERTY OWNERS MUST REQUEST POOL ACCESS CARDS FOR TENANTS

Name: _____

Address: _____ Email Address: _____

Home Phone: (____) _____ - _____ Work/Cell Phone: (____) _____

Alternate Contact:(____) _____ Phone:(____) _____

Household Members:

_____	_____
_____	_____
_____	_____

Owner's Signature _____

_____ For office use only _____

Access cards issued # _____ # _____ Date issued: __ / __ / _____ Payment Received