



## 2018 SECA Pool Season Pass Registration Form

**Family Information:**

FAMILY NAME PASS WILL BE UNDER: \_\_\_\_\_

Adult Family Member Completing this Form: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Township/Borough: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

<b>Fee Schedule</b>		
# of People on Pass	Cost Before 4/01 (8% discount)	Cost After 4/01
1	\$137	\$150
2	\$207	\$225
3	\$253	\$275
4	\$299	\$325
5+ **	\$322	\$350
Senior Citizen (over 60)	\$83	\$90
<b>Total</b>		
<i>Discount applies only when full payment is received on or before 4/01/18</i>		
<i>Season pass cost must be paid in full prior to use of the pool</i>		

Please list (below) all family members to be listed on the pool pass and children's ages. Children under 4 years of age are free, but we ask that you list them. **Children 12 years of age and under, MUST be accompanied/supervised by an ADULT at all times.** Those listed on the pool pass must reside in the same household. **\*\*Photo ID's will be required at time of purchase for individuals 18 and over.\*\***

<u>Full Name</u>	<u>Date of Birth</u>	<u>Full Name</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE NOTE:** The SECA POOL may close due to inclement weather, mechanical failure or other uncontrollable circumstances. All patrons are reminded that SECA operates under a **NO REFUND** policy including season passes and daily admissions. I also permit the Southern End Community Association to use any photographs or videotape of me or my child(ren) for promotional purposes.

Members (Adult) Initials: \_\_\_\_\_



## 2018 SECA Pool Season Pass Registration Form

**Payment Information:**

Make check or money order payable to "SECA" and send payment with this completed form to:  
 SECA, PO Box 67, Quarryville, PA 17566 **(Please note: Return Check Fee of \$30)**

We also accept credit cards (VISA & MASTERCARD Only)

**(Please note: Due to the cost of this service, there is a 3% service charge per transaction)**

Name Printed on the Credit Card:			
Billing address if different from above:			
VISA	Card #:		Exp. Date:
MASTERCARD	Card #:		Exp. Date:
Signature (required):		Date:	

**Additional Information:**

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**FOR OFFICE USE ONLY**

Fee Paid:	Yes / No
Date:	
Sold By:	___ Office ___ Mail In ___ Pool
New:	Yes / No
Type of Pass:	Individual / Family / Senior
Payment Method:	Cash Check # _____ Credit Card