



2019 SECA POOL SEASON PASS REGISTRATION FORM

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: _____

POOL MEMBERSHIP FEE SCHEDULE

| # of Family Members | Cost Before 4/01/19 (8% discount) | Cost 4/01/19 |
|--------------------------|-----------------------------------|--------------|
| 1 | \$137 | \$150 |
| 2 | \$207 | \$225 |
| 3 | \$253 | \$275 |
| 4 | \$299 | \$325 |
| 5-6** | \$322 | \$350 |
| Senior Citizen (over 60) | \$83 | \$90 |

**Additional \$20 fee per individual over 6 people.

TOTAL: _____

Discount applies only when full payment is received on or before 4/01/19!

Season pass cost must be paid in full prior to use of the pool.

Please list all family members to be listed on the pool pass, along with birthdates & ages. Children under 4 years of age are free, but we ask that you list them. **Children under 12 years of age, 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. **

| Full Name | Age/Date of Birth | Full Name | Age/Date of Birth |
|-----------|-------------------|-----------|-------------------|
| 1. | | 5. | |
| 2. | | 6. | |
| 3. | | 7. | |
| 4. | | 8. | |

PLEASE NOTE: The SECA Pool may close due to inclement weather, mechanical failure or other uncontrollable circumstance. 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.

Adult Member Initials: _____

2019 SECA POOL PASS REGISTRATION CONTINUED:

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

*Return check fee of \$30

We also accept credit cards*- VISA & MASTERCARD only

*Due to the cost of the service, there is a 3% service charge per transaction.

| | | | |
|---|-------|---------|--|
| Name printed on the credit card: | | | |
| Billing address if different than listed: | | | |
| Circle one: VISA / MASTERCARD | CARD# | EXPIRES | |
| SIGNATURE (required): | | DATE | |

Additional Information:

FOR OFFICE USE ONLY:

| | |
|----------------|---------------------------------|
| FEE PAID | YES/NO |
| DATE | |
| SOLD BY | ___ OFFICE ___ MAIL IN ___ POOL |
| NEW | YES / RETURNING |
| TYPE OF PASS | |
| PAYMENT METHOD | |