



**2020 SECA POOL SEASON PASS REGISTRATION FORM**

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

ADULT FAMILY MEMBER COMPLETING THIS FORM: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPECIAL MEDICAL CONDITIONS: \_\_\_\_\_

**POOL MEMBERSHIP FEE SCHEDULE**

# of Family Members*	Early Bird Special (ends 3/31/20)	Regular Price 4/1/20
1	\$137	\$150
2	\$207	\$225
3	\$253	\$275
4	\$299	\$325
5-6**	\$322	\$350
Senior Citizen (over 60)	\$83	\$90

TOTAL: \_\_\_\_\_

\*Family Members must reside in the same household

\*\*Additional \$20 fee per individual over 6 family members

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

Please list all family members to be listed on pool pass, along with ages and birthdates. Children under 4 years of age are free, but must be listed. **Children under 12 years of age MUST be accompanied/supervised by an ADULT at all times.**

SECA will require a photo of each pool member for verification purposes. A SECA staff member will take the photo.

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 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.

Adult Member Initials: \_\_\_\_\_

**2020 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** \*returned 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 credit card: \_\_\_\_\_

Billing Address, if different than listed: \_\_\_\_\_

Circle one: VISA / MASTERCARD CARD # \_\_\_\_\_ Expires: \_\_\_\_\_

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 / RETURNING

TYPE OF PASS: \_\_\_\_\_

PAYMENT METHOD: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_