

Pine Grove Area Community Swimming Pool
SEASON PASS APPLICATION
 SENIOR COUPLE - \$100



APPLICANT NAME

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Email _____

Home Phone _____ **Cell Phone** _____

DOB _____

SPOUSE

Name _____

Email _____

Cell Phone _____

DOB _____

EMERGENCY CONTACTS

Name _____ **Phone** _____

Name _____ **Phone** _____

TERMS OF AGREEMENT

I agree to abide by all rules and regulations set forth by the Pine Grove Borough Recreation Board. Failure to follow rules and regulations may result in a loss of privileges and suspension of the season pass without refund.

Applicant Signature _____ **Date** _____

FOR OFFICE USE ONLY

DATE RECEIVED	EMPLOYEE	SEASON PASS #	PAYMENT METHOD

Season Pass Cards will be available for pickup at the pool beginning on opening day