

Pine Grove Area Community Swimming Pool
INDIVIDUAL SEASON PASS APPLICATION
PGASD: \$85 Non-Resident: \$100



APPLICANT NAME

Name _____

Email _____

Cell Phone _____

PARENTS (if Applicant under 18)

Name _____

Email _____

Cell Phone _____

Name _____

Email _____

Cell Phone _____

ADDRESS

Address _____

City _____ State _____ Zip _____

Email _____

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 (Parent) Signature _____ Date _____

FOR OFFICE USE ONLY

DATE RECEIVED	EMPLOYEE	SEASON PASS #	PAYMENT METHOD

Season Pass Cards will be available at the pool for pickup starting opening day.