

Pine Grove Area Community Swimming Pool

SENIOR CITIZEN SEASON PASS APPLICATION

PGASD: \$55 Non-Resident: \$55



APPLICANT NAME

Name: _____

Address: _____

City _____ **Zip:** _____

Email: _____

Home Phone: _____ **Cell Phone:** _____

Date of Birth: _____

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