

SECA COMMUNITY POOL

2012 SEASON PASS REGISTRATION FORM

SECA REC



"Life is simple - Eat, Sleep, PLAY!"

FAMILY NAME PASS WILL BE UNDER: _____

Adult Family Member Completing this Form: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Township/Borough: _____

Special Medical Problems/Conditions _____

Please list all Family Members to be listed on the pool pass and children's ages:

Children 4 years old and under are free - please list them also

Children under the age of 10 - MUST be accompanied by and adult at all times.

# Of People on Pass	Cost Before April 1 st (10 % Discount)	Cost After April 1 st	Age:
1	\$112	\$125	
2	\$180	\$200	
3	\$225	\$250	
4	\$270	\$300	
5	\$292	\$325	
6	\$315	\$350	
Additional persons	\$40/each	\$40/each	
Senior Citizen (over 60)	\$55/per person	\$55/per person	
Senior Citizen (over 60)	\$55/per person	\$55/per person	

Total Pass	\$ _____ (1)
10% Discount if paid <u>IN FULL</u> before April 1st Total Pass (1) X .10	\$ _____ (2)
SUBTOTAL (1-2)	\$ _____ (3)
Guest Pass - \$35 (good for 10 Visits – limit one)	\$ _____ (4)
TOTAL DUE (3+4)	\$ _____

**Season Pass must be paid in full prior to use of the pool.*

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.

Make Check or Money Order payable to "SECA" and send payment with this form to:
SECA, P.O. Box 67, Quarryville, PA 17566

OR YOU MAY PAY BY CREDIT CARD (VISA/MASTERCARD ONLY)

*Please include Billing Address if Different from above address

	<input type="checkbox"/>	VISA	Card # :	Exp. Date :
	<input type="checkbox"/>	MASTERCARD	Card # :	Exp. Date:
Signature (Required):				Date:

For Office Use Only

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FEE PAID: _____

DATE: __/__/__

SOLD BY: _____

NEW? YES NO

TYPE OF PASS: __INDIVIDUAL __FAMILY __SENIOR __GUEST PASS

__¹/₂ PRICE

PAYMENT METHOD: __CASH

__CHECK (# _____) __CREDIT CARD