



2025 SECA POOL

1/2 PRICE 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*	Regular Price	Half Price Sale
1	\$215	\$107
2	\$310	\$155
3	\$375	\$187
4	\$435	\$217
5**	\$470	\$235
Senior Citizen (over 60)	\$138	\$69
Senior Citizen Couple	\$227	\$113

TOTAL: _____

***Family Members MUST reside in the same household**

****Additional \$20 fee per individual over 5 family members**

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

List all family members residing in same household to be listed on pool pass, along with ages. 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.**

Full Name	Age	Full Name	Age
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: _____

2025 SECA ½ PRICE SEASON POOL PASS REGISTRATION FORM 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 \$50

We also accept credit cards* Online payment available on our website: www.secarec.com

*Due to the cost of the service, there is a 5% service charge per transaction.

Name printed on credit card:_____

Billing Address, if different than listed:_____

CARD #_____Expires:_____3 Digit Code_____

Signature (required)_____Date:_____

Additional Information:

FOR OFFICE USE ONLY:

FEE PAID: YES / NO

DATE: _____

SOLD BY: OFFICE / MAIL IN / POOL

NEW / RETURNING

TYPE OF PASS:_____

PAYMENT METHOD:_____

STAFF INITIALS:_____