

**Pine Grove Area Community Swimming Pool  
FAMILY SEASON PASS APPLICATION**



**PGASD: \$250                      Non-Resident: \$300**

**Season Pass includes up to five members of an immediate family living under the same roof.**

There is an additional \$20 fee for each member over this base amount. Make checks payable to the Pine Grove Recreation Board.

**PRIMARY APPLICANT**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SPOUSE**

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**CHILDREN**  
 (Children must be under the age of 21 and still living at home)

Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____

**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 and will instruct all others on my Season Pass plan to do the same. Failure to follow rules and regulations may result in a loss of privileges and suspension of the season pass without a refund.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE RECEIVED	EMPLOYEE	SEASON PASS #	PAYMENT AMOUNT & METHOD

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