

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



Student: \$80

Adult: \$100

Make checks payable to the Pine Grove Recreation Board

APPLICANT

Name: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Email:** _____

PARENTS (if Applicant under 18)

Name: _____

Cell Phone: _____

Name: _____

Cell Phone: _____

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 a refund.

Applicant (Parent) Signature _____ **Date** _____

FOR OFFICE USE ONLY

DATE RECEIVED	EMPLOYEE	SEASON PASS #	AMOUNT PAID & METHOD

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