

**Pine Grove Area Community Swimming Pool**

**SENIOR COUPLE SEASON PASS APPLICATION**

**PGASD: \$100      Non-Resident: \$115**

**Make checks payable to the Pine Grove Recreation Board**



**APPLICANT NAME**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Age:** \_\_\_\_\_

**SPOUSE**

**Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **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. 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 starting opening day*