

**Pine Grove Area Community Swimming Pool
SENIOR & MILITARY COUPLE SEASON PASS APPLICATION**

Senior: \$100 Military: \$100



Make checks payable to the Pine Grove Recreation Board

APPLICANT NAME

Name: _____

Address: _____

City: _____

Email: _____

Home Phone _____ **Cell Phone** _____

Age/Branch of the Military: _____

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