

**Mountville Community Swimming Pool
2018 Swimming Pool Season Pass Application**

Phone: Before 5/31/2018 – 717-9174277 / After – 717-285-2747

Season Pass Information:

www.froelichpark.com

****FAMILY PASS:**

\$185.00 before May 1, 2018 -maximum of four (4) persons
\$210.00 on or after May 1, 2018 -maximum of four (4) persons

A Family Pass consists of where there are no more than:

- Four (4) individuals, (residing in the same household), Two Adults (Over 18) & Two Children (see below)

*****Definition of children who qualify to be on a Family Pass*****

***Under age 17 - Must be accompanied by a responsible adult**

Exceptions to not be accompanied by an adult:

- (1) 16 & 17 year old Members may accompany younger siblings
- (2) Youth Members 12-15 years of age who have passed the Pool Manager's Swim Test

***Unmarried and a student still in high school or full time student under the age of 23**

- Add \$30.00 for each additional family member. There will be no charge for children born after 12/31/2014

****SEASON PASS:**

Before May 1, 2018
On or after May 1, 2018

SINGLE:

\$115.00
\$140.00

SENIOR (60 Years or Older):

Single: \$95.00 - Couple: \$145.00
Single: \$120.00 - Couple: \$170.00

Replacement fee for lost Passes or Changes: \$5.00

Please **Complete Fully** the Application below, **Detach** and forward it with your **Non-Refundable Payment:**

**To: Mountville Community Services Foundation
P. O. Box 94
Mountville, PA 17554**

Make all checks payable to: "Mountville Community Services Foundation"

Detach Here

2018 – Mountville Swimming Pool - Season Pass - Application

PLEASE PRINT CLEARLY AND LEGIBLY – THIS APPLICATION WILL BE RETURNED IF NOT FULLY COMPLETED

Family Name for Filing: _____

Adult #1 – Last Name: _____ First: _____

Adult #2 – Last Name _____ First: _____

Address _____ Home Phone: _____

_____ Emergency Phone (1) _____

_____ Emergency Phone (2) _____

Cash or Check # _____

Amount: \$ _____

Date: _____

Pass No. [_____]

***Do Not Write In This Space
Office Use Only***

Children's Names (First & Last)

**Birth Date Must
Be Included**

**Current Age of Child
*At date of Application***

Name of School/College

**I agree that I (and those included on this application) will abide by the rules of the Mountville Swimming Pool.
I understand that violating these rules could result in the revocation of the season pass without refund.**

Signature: _____