

**Mountville Community Swimming Pool  
2019 Swimming Pool Season Pass Application**

Phone: Before 5/31/2018 – 717-917-4277 / After – 717-285-2747

**Season Pass Information:**

[www.froelichpark.com](http://www.froelichpark.com)

**\*\*FAMILY PASS:**

\$200.00 before May 1, 2019 -maximum of four (4) persons  
\$225.00 on or after May 1, 2019 -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 \$40.00 for each additional (child) family member. There will be no charge for children born after 12/31/2015

**\*\*SEASON PASS:**

Before May 1, 2019  
On or after May 1, 2019

**SINGLE:**

\$125.00  
\$150.00

**SENIOR (60 Years or Older):**

Single: \$100.00 - Couple: \$150.00  
Single: \$125.00 - Couple: \$175.00

**Replacement fee for lost Passes or Changes: \$10.00**

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**

**2019 – 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**

<b><u>Children's Names (First &amp; Last)</u></b>	<b><u>Birth Date Must Be Included</u></b>	<b><u>Current Age of Child *At date of Application*</u></b>	<b><u>Name of School/College</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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