

Mountville Community Swimming Pool 2020 Swimming Pool Pass Application

Phone: Before 5/31/2020 – 717-917-4277 / After – 717-285-2747

Season Pass Information:

www.froelichpark.com

****FAMILY PASS:**

\$200.00 before May 1, 2020 -maximum of four (4) persons
 \$225.00 on or after May 1, 2020 -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 12/31/2016

****SEASON PASS:**

Before May 1, 2020
 On or after May 1, 2020

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

2020 – Mountville Swimming Pool - Season Pass - Application

PLEASE PRINT CLEARLY AND LEGIBLY – 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) _____

Children's Names (First & Last)	How Related	Birth Date Must Be Included	Current Age of Child *At date of Application*	Name of School/College
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cash or Check # _____
 Amount: \$ _____
 Date: _____
 Pass No. [_____]
Do Not Write In This Space
Office Use Only

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

Signature: _____