

**Mountville Community Swimming Pool
2017 Swimming Pool Season Pass Application**

Phone: Before 5/31/2017 - 522-1298 / After - 285-2747

Season Pass Information:

www.froelichpark.com

****Family Pass:**

\$185.00 before May 1, 2017 – maximum of four (4) persons
\$210.00 on or after May 1, 2017 – maximum of four (4) persons

****A family pass** consists of up to four (4) individuals, (*residing in the same household*), where no more than two individuals are **adults**; and unmarried **children** under age 17, or still in high school or full-time students under the age of 23.

A **child** is defined as age 17 or **younger**. Add **\$30.00** for each (*additional family member*). There will be no Charge for children who were born after **12/31/2013**. Children under 17 must be accompanied by a responsible **Adult**.

Exceptions: (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).

<u>Season Pass:</u>	<u>Single:</u>	<u>Senior: (60 years or older)</u>
Before May 1, 2017	\$115.00	Single: \$ 95.00 - Couple: \$145.00
On or After May 1, 2017	\$140.00	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:***
(**Please Print Clearly & Legible**)

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

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

Detach here:

2017 - Mountville Swimming Pool - Season Pass - Application

Please Print: **Family Name for Filing:** _____

Check # or Cash: _____

Amount: \$ _____

Date: _____

Pass No: (_____)

Office Use Only

Adult #1 - Last Name: _____ **First:** _____

Adult #2 - Last Name: _____ **First:** _____

Address: _____ **Home Phone:** _____

_____ **Emergency Phone (1):** _____

_____ **Emergency Phone (2):** _____

Birth Date Must

Children's Names:

****Be Included****

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: _____