



Last Name: _____

Date: _____

Season Pool Pass Application

www.selinsgrovepool.org

Applicant Name: _____

Address: _____

Email: _____

Phone: (H) _____

(C) _____

EMERGENCY INFORMATION

Contact Person: _____

Phone: _____

FOR OFFICE USE		<i>If purchased before March 31st</i>
Pass Type		
___ Family	\$225	\$200
___ Single	\$125	\$100
___ Senior	\$ 60	\$40
___ Babysitter	\$ 30	same

*Seniors are 60 years and older.

*The Babysitter pass must be added to a family pass and can only be used when babysitting in the absence of a parent.

Amount Paid: \$ _____

Check # _____ Cash _____

Received by: _____

Please make checks payable to SARI

Date _____

One membership per application. Family memberships are for immediate family* only.

*A family membership is recognized as those individuals living in the same household; however, it does not include grandparents, aunts, uncles, grandchildren, and children older than 18 years of age (except college students).

Please list all members to be included on the pass, as well as yourself.

	Full Name	Age	Relationship	Health Concerns/Allergies
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Please review the pool rules on the following page and keep rules page for your reference.

I have read and understand these rules. I agree to abide by them and will review them with my children.

Applicant Signature: _____

Please complete and return to SARI, P O Box 172, Selinsgrove, PA 17870
If you have any questions, call the pool at 570-884-3500 during pool hours.