



# 2023 SECA POOL

## SEASON PASS REGISTRATION FORM

LAST NAME PASS WILL BE UNDER: \_\_\_\_\_

ADULT FAMILY MEMBER COMPLETING THIS FORM: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPECIAL MEDICAL CONDITIONS: \_\_\_\_\_

### REGULAR SEASON POOL MEMBERSHIP RATES

# of Family Members*	Reg Season Price
1	\$195
2	\$280
3	\$338
4	\$395
5**	\$425
Senior Citizen (over 60)	\$125
Senior Citizen Couple	\$206

TOTAL: \$ \_\_\_\_\_

\*Family Members must reside in the same household

\*\*Additional \$40 fee per individual over 5 family members

Season pass costs must be paid in full prior to use of the pool.

Please list all family members to be listed on pool pass, along with ages and birthdates. Children under 4 years of age are free but must be listed. **Children under 12 years of age MUST be accompanied/supervised by an ADULT at all times.**

Full Name	Age	Full Name	Age
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**PLEASE NOTE:** The SECA Pool may close due to inclement weather, mechanical failure, or other uncontrollable circumstances. All patrons are reminded that SECA operates under a **NO REFUND** policy including season passes and daily admissions. I also permit the Southern End Community Association to use any photographs or videotape of me or my child(ren) for promotional purposes.

Adult Member Initials: \_\_\_\_\_

2023 SECA POOL PASS REGISTRATION CONTINUED:

**Payment Information:**

Make check or money order payable to "SECA" and send payment with this completed from to:

**SECA, PO Box 67, Quarryville, PA 17566** \*returned check fee of \$50

We also accept credit cards\* Online payment available on our website: [www.secarec.com](http://www.secarec.com)

**\*Due to the cost of the service, there is a 5% service charge per transaction.**

Name printed on credit card: \_\_\_\_\_

Billing Address, if different than listed: \_\_\_\_\_

CARD # \_\_\_\_\_ Expires: \_\_\_\_\_ 3-Digit Code \_\_\_\_\_

Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Cash/Check

Credit Card Online/In Office

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

SOLD BY: OFFICE / MAIL IN / POOL

STAFF INITIALS: \_\_\_\_\_