



2024 SECA POOL EARLY BIRD & REGULAR SEASON REGISTRATION FORM

LAST NAME PASS WILL BE UNDER: _____

ADULT FAMILY MEMBER COMPLETING THIS FORM: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SPECIAL MEDICAL CONDITIONS: _____

EARLY BIRD MEMBERSHIP RATES

(ENDS APRIL 1, 2024)

# of Family Members*	Early Bird Rate
1	\$185
2	\$267
3	\$322
4	\$377
5**	\$405
Senior Citizen (over 60)	\$119
Senior Citizen Couple	\$196

TOTAL \$ _____

REGULAR SEASON POOL MEMBERSHIP RATES

(BEGINS APRIL 2, 2024)

# of Family Members*	Regular Season Rate
1	\$205
2	\$294
3	\$355
4	\$415
5**	\$446
Senior Citizen (over 60)	\$131
Senior Citizen Couple	\$216

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 _____

Payment Information:

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

*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: _____