2024 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:_____

POOL MEMBERSHIP FEE SCHEDULE

# of Family Members*	Regular Price	Half Price Sale
1	$205	$103.00
2	$294	$147.00
3	$355	$178.00
4	$415	$208.00
5**	$446	$223.00
Senior Citizen (over 60)	$131	$66.00
Senior Citizen Couple	$216	$108.00

TOTAL:_____

*Family Members must reside in the same household   **Additional $20 fee per individual over 5 family members

Season pass cost 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 <u>NO REFUND</u> 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

      *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:

_____
_____
_____
_____
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_____
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Revised 7/2024