



# 2025 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

(RUNS DECEMBER 1, 2024 THROUGH FEBRUARY 28, 2025)

# 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 MEMBERSHIP RATES

(RUNS MARCH 1, 2025 THROUGH JULY 13, 2025)

# of Family Members*	Regular Season Rate
1	\$215
2	\$310
3	\$375
4	\$435
5**	\$470
Senior Citizen (over 60)	\$138
Senior Citizen Couple	\$227

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.

List all family members residing in same household 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 always accompanied/supervised by an ADULT.

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

**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](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:**

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**FOR OFFICE USE ONLY:**

**Payment:**

Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_

Credit \_\_\_\_\_