



# 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: \_\_\_\_\_

## 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:**

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

**FOR OFFICE USE ONLY:**

**Payment:**

Date \_\_\_\_\_

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

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

Cash \_\_\_\_\_

Credit \_\_\_\_\_