

2007 Season Pass Application

Borough of Quakertown
PO Box 727
Quakertown PA 18951-0727
215-536-5001

May 7th – June 1st:

	<u>Residents</u>	<u>Non-Residents</u>
Family	\$135.00	\$185.00
Adult	65.00	90.00
Child (3-18) or	45.00	70.00
Sr. Citizen (62+)		

After June 1st the following rates will be charged:

	<u>Residents</u>	<u>Non-Residents</u>
Family	\$140.00	\$190.00
Adult	70.00	95.00
Child (3-18) or	50.00	75.00
Sr. Citizen (62+)		

Completing Membership Application

- Indicate type of membership below
- Enter the remittance amount
- Print complete mailing address
- Print first and last names of *all* applicants, beginning with space #1
- List ages of all applicants
- “Signature of Applicant” must be a parent or guardian if under 18
- Emergency contact name and telephone number *must* be on all applications
- Applications may be made by mail or in person

NOTE: Proof of age must accompany all applications for children under 19 years of age who did not previously have a season pass (1998 or later)

Conditions of Sale

1. All sales of season memberships and program registration fees are final. No refunds or exchanges will be made.
2. Membership passes issued are absolutely not transferable, and are subject to confiscation, without refund, if used by a person other than to whom issued.
3. Purchaser shall acknowledge that he accepts the “Conditions of Sale” and “Pool Rules” and certifies the information entered upon the membership application to be true and correct.
4. Children age 10 and under must be accompanied by a responsible person age 15 or over. The age of the person when the ticket is purchased will be the age used for consideration for the entire season.
5. There will be a \$5.00 charge to replace lost tickets, which cannot be refunded even if the ticket is subsequently found.

DO NOT DETACH - RETURN ENTIRE FORM

(Please Print Legibly)

Head of Household _____

Home Phone # _____

Address _____

City/State/Zip _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Renewal _____ New Application _____ Resident _____ Non-Resident _____

Remittance Amount \$ _____ Cash _____ Check _____

Family _____ Adult _____ Child _____ Sr. Citizen _____

(Shaded areas for Borough use only)

Members Names (first and last)	Age	TICKET #	Members Names (first and last)	Age	TICKET #
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Signature of Applicant (parent or guardian if under 18) _____

Date _____

Borough Use Only

I certify that the facts set forth in this application are true and correct to the best of my knowledge.
 This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa C.S.A. s4904)
 Relating to unsworn falsification to authorities.

Adult _____
Student _____
Child/Sr _____

Verified _____
Account # _____