



BOROUGH OF CRAFTON

2017 SEASON

Swimming Pool Pass Application

Membership No. _____

I, the undersigned, residing at _____, located within the Borough of _____, applies for permit to use the Crafton Public Swimming Pool for the **2017** season and agree to comply with all rules and regulations of the Swimming Pool and Bath House facilities.

RESIDENT POOL PASS MEMBERSHIPS ⁺	NON-RESIDENT POOL PASS MEMBERSHIPS ⁺
<input type="checkbox"/> Children, 3 Years to 17 Years \$70.00	<input type="checkbox"/> Children, 3 Years to 17 Years \$105.00
<input type="checkbox"/> Adults, 18 Years to 62 Years \$80.00	<input type="checkbox"/> Adults, 18 Years to 62 Years \$105.00
<input type="checkbox"/> Adults, 63 Years and Older \$30.00	<input type="checkbox"/> Adults, 63 Years and Older \$40.00
<input type="checkbox"/> Pass Replacement (One Time) \$10.00	<input type="checkbox"/> Babysitter/Nanny Pass (Limited Use)* \$90.00
<u>Family Membership</u>	<input type="checkbox"/> Pass Replacement (One Time) \$10.00
<input type="checkbox"/> Standard, Up to 5 Family Members \$160.00	Family Membership
<input type="checkbox"/> Additional# _____ Family Members \$25.00 ea.	<input type="checkbox"/> Standard, Up to 5 Family Members \$240.00
	<input type="checkbox"/> Additional # _____ Family Members \$45.00 ea.
<small>+ Residents of CRAFTON Borough ONLY.</small>	<small>+ Residents of INGRAM, ROSSLYN FARMS, and THORNBURG * Applicants with qualifying Family Pass.</small>

Passholder Name(s):	(M/F) Gender	MM/DD/YY Date of Birth	Allergies/Medical Conditions	Individual Pass No.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

Contact Name: _____ Phone Number: (____) _____ - _____
 Optional Emergency: _____ Phone Number: (____) _____ - _____
 E-mail Address: _____

RESIDENT Pricing is for CRAFTON BOROUGH residents ONLY. NON-RESIDENT Pricing is for INGRAM, THORNBURG, and ROSSLYN FARMS residents ONLY. Photo ID and/or proof of residency will required at time of purchase. Babysitter/Nanny pass must accompany the designated Family Pass Members. Passes reported lost/stolen will be suspended. A replacement can be obtained for \$10.00. A new member number will be issued. Passes are valid from Memorial Day through Labor Day.

PASSES: ALL PASSES MUST BE PRESENTED TO THE CASHIER TO GAIN ADMITTANCE TO THE POOL FACILITY. PASSES ARE NOT TRANSFERABLE. PASSHOLDER RELINQUISHES HIS/HER POOL PASS AND PRIVILEGES FOR GIVING OR SELLING THEIR PASS TO OTHERS IN ORDER TO GAIN ENTRY TO THE POOL FACILITY.

By signing below, I attest to the following; The above listed persons are members of my immediate family and make their residence at the above address. I have read and understand all rules stated above. I understand that the pool may close at the discretion of the Pool Manager due to mechanical and/or public health concerns, or based on weather, temperature and/or attendance. I acknowledge that I am the parent/guardian and responsible of any minor child under the age of 18 that is listed on this application and that the use of the pool facility is at the risk of the bather.

X _____ Date: ____/____/____

Type of Membership: _____ Total Fee: _____

Visa/Master Card/Discover Cash Check: _____

Comments: _____