



Mechanicsburg Area Community Pool

2019 Pool Pass Application

Household Address: _____

Non-Resident:

Resident: Mechanicsburg Borough

Upper Allen Township

Shiremanstown

Primary Passholder Name: _____

Date of Birth: _____

Age: _____

Senior Pass (60+)

Individual Pass

Multi-member/Household Pass

Phone Number(s): _____

E-mail: _____

Household Pass - Secondary Member(s) Information:

(All Household Pass members must reside at the address listed above.)

2 Member: Name: _____

Date of Birth: _____ Age: _____

3 Member: Name: _____

Date of Birth: _____ Age: _____

4 Member: Name: _____

Date of Birth: _____ Age: _____

5 Member: Name: _____

Date of Birth: _____ Age: _____

6 Member: Name: _____

Date of Birth: _____ Age: _____



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I understand that I am applying and submitting payment for a 2019 Season Pool Pass to the Mechanicsburg Area Community Pool. The Borough of Mechanicsburg will contact me when my pass(es) are available for pick-up and that all passholders will be required to come to the Borough Office to have their photo taken for the new pass(es) before they can gain access to the pool (* Those 18 years of age and older must provide a driver's license or photo ID at that time the photo is taken). I certify that all household pass members reside at the given address.

FOR OFFICE USE ONLY:

Date: _____

Staff Initial: _____

Amount Paid: _____

CASH / MUNICIPAL / Check #: _____

Receipt #: _____

Invoice #: _____