

# Shoemakersville Borough

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115 E. 9<sup>th</sup> Street  
 Shoemakersville, PA 19555

## APPLICATION FOR SEASON TICKET

Please fill out the form completely, including the full names of all members who are to be issued a season ticket under this application. This application is to be used for families as well as individuals. Please give the ages of all children, as well as their last names if other than the name of the applicant. **Family members on the same membership card are restricted to those members of the immediate family, regardless of age, who reside in the same household.** *In order to insure fairness, this will be monitored carefully, and the Borough reserves the right to question and deny/revoke any membership for falsifying this information.*

Name of Applicant : \_\_\_\_\_

Address: \_\_\_\_\_

City, ST & Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Borough or Township Above Address Is Located \_\_\_\_\_  
 (Borough residents are only those that pay PER CAPITA TAX to Shoemakersville Borough)

NAME OF PERSONS TO RECEIVE TICKET (INCLUDING APPLICANT, IF TICKET IS DESIRED)

<i>Ticket No.</i>	<i>Name</i>	<i>Date of Birth</i>	<i>Adult ?</i>	<i>Child ?</i>

***Please note that there is no charge for tickets for seniors aged 62 and over or children 3 and under***

If there is a medical condition that the pool staff should be aware of, please list the individual's name and condition:

\_\_\_\_\_

\_\_\_\_\_

Staff Use Only
Date _____
Type & Amount of Payment _____
Resident or Non-Resident

**Please note for everyone's safety all children under 9 must be accompanied by an adult.**  
 \*Falsification of any information (including residence) will result in termination of membership\*  
 \*No refunds on season membership\*