



Mechanicsburg Area Community Pool

2021 Pool Pass Application

Household Address: _____

Resident Non-Resident

Primary Passholder Name: _____

Date of Birth: _____

Senior Pass (60+)
 Individual Pass
 Multi-member/Household Pass

Phone Number(s): _____

E-mail: _____

How would you like to receive your invoice? E-mail Post Mail

Household Pass - Secondary Member(s) Information:

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

2 Member: Name: _____

Date of Birth: _____

3 Member: Name: _____

Date of Birth: _____

4 Member: Name: _____

Date of Birth: _____

5 Member: Name: _____

Date of Birth: _____

6 Member: Name: _____

Date of Birth: _____



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*Households with more than 6 members should contact the Borough Office for pass rates.

7 Member: Name: _____
Date of Birth: _____

8 Member: Name: _____
Date of Birth: _____

9 Member: Name: _____
Date of Birth: _____

10 Member: Name: _____
Date of Birth: _____

FOR OFFICE USE ONLY:

Date: _____

Staff Initial: _____

Amount Paid: _____

CASH / CC / Check #: _____

Receipt #: _____

Invoice #: _____