2024 REAMSTOWN POOL MEMBERSHIP APPLICATION



(1)

First Name

*The asterisk areas must be filled in!

PAYING BY CASH OR CHECK? FOLLOW STEP #1 AND #2 BELOW.

STEP #1: FILL IN PERSONAL INFORMATION AND MEMBER INFORMATION

Personal Information (person filling out application)

First Name*		Last Name*	
Home Address*			
City*	State*	;	Zip*
Home and/or 0	Cell Phone*		
E-mail Address*			
Pool Rules*	Check to confirm that you read the Po	ol Rules and will adhere t	o them.
Opt Out	Check to 'opt out' of receiving text aler	ts of pool closures and ot	her critical information.

Pool Pass Member(s) (if person filling out application is also a member, please repeat name below)

Last Name

(1)	riist name		Last Name
	Relationship	Age	Swim Level
(2)	First Name		Last Name
	Relationship	Age	Swim Level
(3)	First Name		Last Name
	Relationship	Age	Swim Level
(4)	First Name		Last Name
	Relationship	Age	Swim Level
(5)	First Name		Last Name
	Relationship	Age	Swim Level
Plus 1	_ First Name		Last Name
	Relationship	Age	Swim Level

Emergency Contacts

(1)	First Name	Last Name
	Relationship	Phone
(2)	First Name	Last Name
	Relationship	Phone

STEP #2: PRINT A COPY OF YOUR FILLED OUT APPLICATION AND BRING TO THE TOWNSHIP TO PAY BY CASH OR CHECK (payable to East Cocalico Twp.) Monday thru Friday 8am-4pm. Applications are also at the Township.

NOTE: If the 'save' button does not work with your device, you can save the application manually. To do this, right-click on this page, click FILE, then SAVE AS.

WHEN PAYMENT IS RECEIVED, PASSES WILL BE MADE FOR EACH MEMBER LISTED ON THE APPLICATION.

PASSES CAN BE PICKED UP AT THE REAMSTOWN POOL WITHIN 24 HOURS OF RECEIPT OF PAYMENT.

THANK YOU!

SEE YOU AT THE REAMSTOWN POOL FOR A SPLASHING GOOD TIME!

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