

**THREE SPRINGS BOROUGH
PO BOX 361
THREE SPRINGS, PA 17264
(814)448-2105**

**email: 3springsboro@gmail.com
website: threespringsborough.org**

**THREE SPRINGS BOROUGH COMMUNITY SWIMMING POOL
8466 Elliots Run Road
Three Springs, PA 17264**

Application for MEMBERSHIP

Individual _____

Address _____

Contact Person _____

Phone # _____ **Email** _____

- Individuals and all who are listed on this membership is responsible for compliance with the pool rules. Pool Rules are posted at the pool and attached to this application.
- No Alcoholic beverages, outside food or drinks are allowed. No smoking-only at designated area outside fencing.

Payment Received _____ **Check #** _____ **Cash** _____

Date Received _____ **Accepted by** _____

Circle One: FAMILY 1 yr.-\$150 FAMILY 3 yrs.-\$300
 INDIVIDUAL 1 yr.-\$75 INDIVIDUAL 3 yrs.-\$150

FAMILY MEMBERS (Must live in your household):

By signing this membership application, I and all who are listed on this membership, agree to abide by the pool rules and public swimming pool regulations. Any violation could result in a breach of this agreement.

Signature _____ **Date** _____

- - - - -

Payment Received _____ **Check #** _____ **Cash** _____

Date Received _____ **Accepted by** _____

This is your receipt for signing this membership application and receipt of payment. Thank you, enjoy your swim time. 😊