

2012 POOL PASS RATES & SEASON POOL PASS APPLICATION

- First fee:** Resident **SUPER EARLY BIRD** Rate available January 2nd through March 31st
Second Fee: Resident **EARLY BIRD** Rate available April 1st through April 30th
Third Fee: Resident **REGULAR SEASON** Rate beginning May 1st
Fourth fee: **Non-Resident Rate** available beginning January 2nd (passes are limited)

| New Fee Schedule → | Super Early | Early | Regular | Non-Resident |
|--------------------------------|--------------|-------|---------|--------------|
| Family (per DCS Guidelines) | \$170 | \$189 | \$210 | \$390 |
| Couple (Husband /Wife) | \$110 | \$126 | \$140 | \$285 |
| Individual Adult | \$95 | \$104 | \$115 | \$215 |
| Individual Youth (3-17) | \$65 | \$68 | \$75 | \$160 |
| Infant (0-2) | Free | Free | Free | Free |
| Individual Senior (60+) | \$40 | \$45 | \$50 | \$100 |
| Second Senior (same household) | \$25 | \$32 | \$35 | \$100 |

| DAILY POOL ADMISSON | |
|---------------------|----------|
| Age 18-59 | \$6/ \$9 |
| Age 3-17 | \$6/ \$9 |
| Age 0-2 | Free |
| Age 60+ | \$3/ \$7 |

Note:
2012 Operating Hours
12noon to 8:00 pm

GUEST PASSES: Guest Passes are available for purchase only by POOL PASS HOLDER

- EARLY BIRD DISCOUNT GUEST PASSES available January thru April 30th @ \$4.00 per day per individual
- REGULAR PRICE GUEST PASSES available May 1st @ \$6.00 per day per individual

SPECIAL SWIM SESSION RATES for OPEN SWIM all ages

- Monday-Friday 5:00-8:00pm \$4.00 / \$5.00 Saturday-Sunday 5:00-8:00pm \$4.00 / \$5.00

Township of Hampton Department of Community Services Pool Pass

3101 McCully Road, Allison Park, PA 412-487-7870

- **Super Early Bird Pass** - available to Hampton residents January 2nd through March 31st
 - **Early Bird Pass** - available to Hampton residents April 1st through April 30th
 - **Regular Pass** - available to Hampton residents beginning May 1st
 - **Non-Resident Pass** - available in limited numbers until sold out (non-resident may be asked to provide birth certificates to verify immediate family as per DCS guidelines)
- **POOL PASS IDs:** Non-Photo for ages 3-9 & Photo IDs for 10 & up — issued only at the Community Center Service Desk
 - **POOL PASS IDs:** Photo / Non-Photo IDs issued previously can be renewed (your completed pool pass application form with payment can be mailed to DCS, 3101 McCully Road, Allison Park, PA 15101. (Checks payable to Hampton Township)

CUT ALONG THIS LINE

2012 SEASON POOL PASS APPLICATION

Posted by DCS

- Family Renewal
 Couple Renewal
 Individual Renewal
 New
- Are you changing type of membership (i.e., from FAMILY to INDIVIDUAL)?
 Resident
 Non-Resident

PATRON or (Parent /Guardian of minor) LAST NAME: _____

IF ONLY registering MINORS (17 year old & under) LIST Parent /Guardian's First NAME": _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Home _____ Cell _____

| | First Name | Last Name | (✓) | Date of Birth | Age | Amt Paid | POOL MEMBERSHIP | |
|----|------------|-----------|---------------------------------------------------------|----------------|------|----------|--------------------------|--------------------------|
| | | | | | | | New | Renewal |
| 1. | _____ | _____ | M- <input type="checkbox"/> F- <input type="checkbox"/> | ____/____/____ | ____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | _____ | _____ | M- <input type="checkbox"/> F- <input type="checkbox"/> | ____/____/____ | ____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | _____ | _____ | M- <input type="checkbox"/> F- <input type="checkbox"/> | ____/____/____ | ____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | _____ | _____ | M- <input type="checkbox"/> F- <input type="checkbox"/> | ____/____/____ | ____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | _____ | _____ | M- <input type="checkbox"/> F- <input type="checkbox"/> | ____/____/____ | ____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | _____ | _____ | M- <input type="checkbox"/> F- <input type="checkbox"/> | ____/____/____ | ____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

VISA/ MasterCard _____ CREDIT TRANSFER _____ CASH _____ CHECK # _____ TOTAL AMOUNT PAID _____

My signature indicates that I have not misrepresented any information on this form and I understand the Township of Hampton will not be held responsible for or make medical payments for any injuries that may occur during non-supervised programs, activities, or events.
No Refunds /Rain Checks. NOTE: 2012 Operating hours 12noon to 8pm daily.

SIGNATURE _____ DATE _____