



# YMCA at Northern York Lap/Community Swim Pool Pass Application

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_

**FEES:** INDIVIDUAL\* \$40/session

FAMILY\*\* \$80/session

If Family, list Names & Birthdates:

_____	_____
_____	_____
_____	_____

\* Individual: Must be 9 or older

\*\* Family: 2 adults and dependent children in that household

Session	Individual: \$40	Family: \$80
Winter (January 5-February 28)		
Spring I (March 2-April 25)		
<b>TOTAL DUE</b>		

If Credit Card is method of payment:

Mastercard     Visa     American Express

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail with payment to West Shore YMCA 410 Fallowfield Road, Camp Hill, PA 17011 **OR** Place in drop box at Northern HS pool inside the pool doors. Your swim passes will be mailed to you.

(Office Complete Back)

For Office Use Only:

Received Application (date) \_\_\_\_\_

Payment made by:  Check # \_\_\_\_\_  Cash  Credit Card

Receipt # \_\_\_\_\_

Passed Mailed (date) \_\_\_\_\_