

Shaler Township

Return to:
Shaler Township Pool Pass
300 Wetzel Road
Glenshaw, PA 15116

2019 Season Pool Pass Application

Application & all documents may be
submitted to: poolapp@shaler.org

Date _____

Amount Paid _____

This application permits the use of the Crawford swimming pool and facilities. All photo laminated season passes must be brought with you to enter the pool area. Applicant agrees that use of the pool is at the risk of the pass holder.

Are you a Resident of Shaler Township? Check one: **YES** **NO** CARD NUMBER & SECURITY CODE

Family Name: _____ EXPIRATION DATE AMOUNT

Home Address: _____ PRINT NAME

Cell Ph: _____ Other: _____

Please Check Type of Pass:

Senior	Family	Full Season Individual (s)	Seadog (Non-resident)
Resident Only:	10-Day Pass	5-Day Pass	Seadog Half Year
One Day Admission must be purchased by Resident:		Fun-Day Pass (4) People	Fun-Day Pass (6) People

2"x2" Photos must be provided for each pass holder. Photos may be taken with cell phone and submitted by e-mail to poolapp@shaler.org. Starter or Third Party Checks Not Accepted.

		Age	M	F	Permit #
1. Name of Pass Holder	_____	_____	_____	_____	_____
2. Name of Pass Holder	_____	_____	_____	_____	_____
3. Name of Pass Holder	_____	_____	_____	_____	_____
4. Name of Pass Holder	_____	_____	_____	_____	_____
5. Name of Pass Holder	_____	_____	_____	_____	_____
6. Name of Pass Holder	_____	_____	_____	_____	_____
7. Name of Pass Holder	_____	_____	_____	_____	_____
8. Name of Pass Holder	_____	_____	_____	_____	_____

Residents must provide proof of residency. Birth certificate, report card (showing address), federal tax return, or valid driver's license are acceptable forms of identification for those living in Shaler Township as deemed by Township Management. Pool passes are non-transferrable. Pool passes will be confiscated at the gate if presented by anyone other than the person designated as the pass holder. Swimmers must wear commercially manufactured swim suits.

I confirm that the individuals listed above are members of my family and make their residence at the above address. My signature indicates that I have not misrepresented any information on this form.

Date: _____ **Signature:** _____

Signature (Parent/Guardian)

******APPLICATIONS, PHOTOS, AND PAYMENT MUST ALL BE RECEIVED AT THE SAME TIME******