

2017 Lemoyne Borough Swimming Pool Information

The Community Swimming Pool will open **May 27, 2017**. Season passes are available at the Lemoyne Borough Office or by completing the application form at the bottom and mailing or bringing it along with the fee to: **Borough of Lemoyne, 510 Herman Avenue, Lemoyne, PA 17043**. Make check payable to: **Lemoyne Borough**. **THE BOROUGH WILL NOT ISSUE REFUNDS FOR SEASON PASSES!** The Borough reserves the right to close the pool due to emergency situations, inclement weather, poor attendance, or for special events.

POOL SCHEDULE - The pool will open on Saturday, May 27, 2017. The pool will officially close on Labor Day, September 4, 2017.

POOL HOURS - Monday through Sunday 12:00 Noon to 8:00 pm. Check WWW.LEMOYNEPA.COM for the Pool Schedule.

DAILY ADMISSION WALK-IN RATES	All Adults & Youth (age 4 and over)
Monday-Friday (12 – 8PM)	\$ 10.00 each
Saturday, Sunday, and Holidays (12 – 8PM)	\$12.00 each
Any Evening (5PM – 8PM)	\$ 5.00 each

Children 3 years and younger are admitted at no charge. You may be asked for proof of age.

Children 10 years and younger **must** be accompanied by an adult at all times.

Group rates & after hours pool party rates - contact Lemoyne Borough at 717-737-6843.

2017 Pool Season Pass Rates

	LEMOYNE BOROUGH RESIDENT RATE	NON-RESIDENT RATE
Individual Plan	\$80.00	\$135.00
Family of 2	\$125.00	\$180.00
Family of 3	\$135.00	\$190.00
Family of 4	\$145.00	\$200.00
Family of 5	\$165.00	\$220.00
Family of 6	\$185.00	\$240.00
Additional Family Members (each)	\$20.00	\$25.00
Senior Citizen (60+)	\$40.00	\$65.00

Family Pass Definition: The Family Pass is available for parent(s) and any of their unmarried children 22 years of age and under who are residing in the same household. Children 3 years of age and under are free and not included in the family count. Cousins, nieces, nephews, grandparents, grandchildren, aunts, uncles, baby sitters etc. are not eligible for inclusion in a Family Pass.

2017 Swimming Pool Season Pass Application

Type of Membership: Family Individual Sr. Citizen

Name of Applicant: _____ Phone #: _____

Address: _____ Municipality: _____

Emergency Contact: _____ Phone #: _____

Email Address: _____

FAMILY MEMBER NAMES:	Age	Relationship	Card #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____