



YMCA at Northern York Lap/Community Swim Pool Pass Application

Circle session registering for: Summer Fall I Fall II Winter Spring I Spring II

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

E-Mail _____

Birthdate ___/___/___

Day Pass

** Individual: Must be 9 or older

** Family: 2 adults and up to 3 dependent children in that household (additional children see below)

Family Day Pass \$20 Individual Pass \$8

*** Up to 5 people, Additional \$5 per person ***

Youth Guest w/Adult or Family Session Pass \$5

Season Pass

Resident Individual \$45 Resident Individual w/YMCA Membership \$25
or NYSD Employee Y Membership Card #/Employee _____

Resident Family \$85 Resident Family w/YMCA Membership \$45
or NYSD Employee Y Membership Card #/Employee _____

*** Up to 5 people, Additional \$10 per person ***

If Family, list Names & Birthdates:

(Office Complete Back)

Payment Method

For Office Use Only:

Received Application (date) _____

Payment made by: Check # _____ Cash Credit Card

Staff Signature _____

Date _____

If Credit Card is method of payment:

MasterCard Visa American Express

Card No: _____ Exp. Date: _____

Signature: _____