



Allegheny Valley Swimming Pool Association
 P.O. Box 172
 Springdale, Pa 15144
 (724)274-9803 ~ www.bouquetpark.com

Membership Information

Please send this completed form to the address listed above along with your payment.

Family Last Name: _____

Full address: _____

Home Phone/cell phone: _____

Email address: _____

Type of Membership purchasing, check one:

Family: () Weekend Family: () Senior Individual: () Senior married couple: ()

Individual: () Weekend Individual: () Babysitter Pass: ()

Adult names

First and last name please: _____

First and last name please: _____

Dependents are defined as:

Children or anyone with whom principal and permanent residence is the principal and permanent residence of the pool member, (as defined by the IRS CODE.)

List the first and last names, and date of birth of all children or dependents:

- 1.) _____ Date of birth: _____
- 2.) _____ Date of birth: _____
- 3.) _____ Date of birth: _____
- 4.) _____ Date of birth: _____
- 5.) _____ Date of birth: _____
- 6.) _____ Date of birth: _____

Guest Fees

Members may bring in guests at any time for a small fee. The fees are according to age.

Children 2 and under are free, ages 3-61 \$5.00, 62 and older \$2.00.

Community Days are the third Friday of month

www.bouquetpark.com

All applications will be reviewed by the pool board

Office Use Only

\$ _____ amt. pd. & _____ date pd.

Form of payment (*circle one*) check/ cash/ credit

_____ approved (initial)

Passes used: (fill in the date) _____