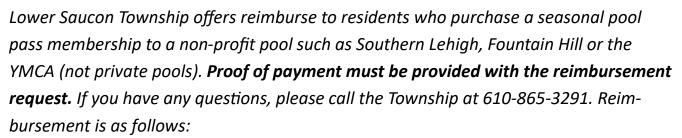
## **2025 Community Pool Membership Reimbursement**

Submit to the Township by mail or e-mail:

- 1. Completed Reimbursement Form
- 2. Copy of your receipt from the pool
- 3. Proof of Age and Residency



Individual Youth \$35.00 Individual Adult \$45.00 Individual Senior \$55.00 Family \$75.00

Mail <u>E-mail</u>

Lower Saucon Township <u>info@lowersaucontownship.org</u>
3700 Old Philadelphia Pike In subject line please follow:

Bethlehem, PA 18015 "your last name Pool Reimbursement"

## **2025 Community Pool Membership Reimbursement**



Name:	
Address:	
Phone #:	
FIIUIIE #	

Pool Nam	ıe:		
Pool Pass	#:		
Youth (\$35.00)	Adult (\$45.00)	Senior (\$55.00)	Family (\$75.00)
Date Sub	mitted:		

Date Received:	
Approved:	
Check #:	
Date Mailed:	
Application #:	
* Township Use Only *	

