

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

*Lower Saucon Township offers reimburse to residents who purchase a seasonal pool pass membership to a non-profit pool such as Southern Lehigh, Fountain Hill or the YMCA (not private pools). **Proof of payment must be provided with the reimbursement request.** If you have any questions, please call the Township at 610-865-3291. Reimbursement is as follows:*

Individual Youth \$35.00

Individual Adult \$45.00

Individual Senior \$55.00

Family \$75.00

Mail

Lower Saucon Township
3700 Old Philadelphia Pike
Bethlehem, PA 18015

E-mail

info@lowersaucontownship.org

In subject line please follow:

"your last name Pool Reimbursement"

2025 Community Pool Membership Reimbursement



Name: _____

Address: _____

Phone #: _____

Pool Name: _____

Pool Pass #: _____

Youth	Adult	Senior	Family
(\$35.00)	(\$45.00)	(\$55.00)	(\$75.00)

Date Submitted: _____

Date Received: _____

Approved: _____

Check #: _____

Date Mailed: _____

Application #: _____

* Township Use Only *