

West Rockhill-Sellersville  
 Joint Recreation Commission  
 140 East Church Street  
 Sellersville, PA 18960  
 Phone: (215) 257-5075



Application Number: \_\_\_\_\_

Holiday House Recreation Center  
 801 Washington Ave  
 Sellersville, PA 18960

Seasonal Phone: (215) 257-5793

**2011 NONRESIDENT  
 Holiday House Pool Season Ticket Application**

**Ticket Information**

Please indicate total amount in the appropriate box

| Ticket Type   | Before June 1              |          | After June 1               |          |
|---|----------------------------|----------|----------------------------|----------|
|   | Amount                     | Quantity | Amount                     | Quantity |
| <b>Family</b> - Includes (4) tickets*<br>Each additional family member**<br>(Children 2 and under are free) | \$ 225.00<br>25.00<br>0.00 |          | \$ 250.00<br>25.00<br>0.00 |          |
| <b>Single</b>   | \$ 120.00                  |          | \$ 130.00                  |          |
| <b>Single Senior</b> - ≥ 62 years old   | \$ 80.00                   |          | \$ 80.00                   |          |
| <b>Total</b>  |                            |          |                            |          |

**Application with payment may be hand-delivered or mailed to:**

West Rockhill-Sellersville Joint Recreation Commission  
 140 East Church Street  
 Sellersville, PA 18960

***Make checks payable to: WR-Sell Jt. Rec. Comm.***

**Please fill out the following information:**

\_\_\_\_\_  
**Applicant's Family Name**

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**Township / Borough** \_\_\_\_\_ **Phone** \_\_\_\_\_

By affixing my signature, I confirm that all persons listed below are members of applicant's immediate family, limited to mother and/or father, daughters, and sons, and all listed currently reside full time at applicant's address. I understand that to have listed persons other than those described or to transfer badges issued under this application to another person, will result in cancellation of the entire application.

\_\_\_\_\_  
**Signature and Date**

| *Badge Holder's First Name | Badge Number<br><i>Internal use only</i> | **Additional Family Member First Name | Badge Number<br><i>Internal use only</i> |
|----------------------------|--|---------------------------------------|--|
| 1.                         |  | 5.                                    |  |
| 2.                         |  | 6.                                    |  |
| 3.                         |  | 7.                                    |  |
| 4.                         |  | 8.                                    |  |

For questions or inquiries, please contact the Sellersville Borough Office at:  
 (215) 257-5075