



**LEON VALLEY POOLS**  
2019 Season

**APPLICANT INFORMATION**

Name:

Cell phone:

Email:

Phone:

Current address:

Driver's License Number:

City:

State:

ZIP Code:

**EMERGENCY CONTACT**

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

**FEES – SEASON PASSES**

Description	Fee	Quantity	SubTotal	
Adult Resident	\$40.00			<b>Maximum Amt. per Family is \$200.00.</b>
Child (Under 18) Resident	\$30.00			
Adult Non-Resident	\$60.00			
Child (Under 18) Non-Resident	\$40.00			

**FOR SWIM TEAM, SWIM LESSONS AND POOL PARTIES,  
CONTACT SELA AQUATICS.**

CONTACT INFORMATION: DEE CASEY

PHONE: 210-822-8100 (SELECT 2)

EMAIL: DEIDRE.CASEY@SANANTONIO-PMG.COM

**SIGNATURE**

I agree to abide by all swimming pool rules.

Signature of applicant:

Date: