

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

Lower Saucon Township will reimburse residents when they purchase a seasonal pool pass membership to a non-profit (not private) pool such as Hellertown, Southern Lehigh or Fountain Hill. 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@lowsaucontownship.org

> In subject line please follow:

"your last name Pool Reimbursement"



2025 Pool Membership Reimbursement



Name: _____

Address: _____

Phone #: _____

Pool Name: _____

Pool Pass #: _____

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

Date Submitted: _____

Approved: _____

Check #: _____

Date Mailed: _____

Application #: _____

* Township Use Only *