

LT ATHLETIC PASS - APPLICATION FORM

Name _____

Address _____

City _____

Phone _____

	Family Members Name (e.g. Paula Morris) (e.g. Erin Morris)	Relation * (e.g. Mother) (e.g. Sister)	
1.	_____	_____	\$ 30.00
2.	_____	_____	\$ 20.00
3.	_____	_____	\$ 10.00
4.	_____	_____	\$ 5.00
5.	_____	_____	\$ 5.00
6.	_____	_____	\$ 5.00

* Relations The following are considered relations that will qualify for additional
 LT Athletic Passes at a reduced rate:
 Father, Mother, Step Father, Step Mother, Guardian, Brother, Sister,
 Grandfather, and Grandmother

Mail form with check made out to LTHS to: **Athletic Office**
Lyons Township High School
100 So. Brainard Ave.
LaGrange, IL. 60525

Or bring the form and check to the next home athletic event where admissions are charged.

(Office use only)

Paid By Cash _____

Paid by Check (make Checks Payable to LYONS TOWNSHIP) (Check #) _____

TOTAL MONEY COLLECTED _____

LT ATHLETIC PASS NUMBER/S _____