## BOROUGH OF HAMBURG SEASON TICKET APPLICATION

NAME: (PRIMARY APPLICANT)				
ADDRESS:				
CITY, STATE, ZIP:				
BOROUGH/TWP:	SCHOOL D	ISTRICT:		
HOME NUMBER	EMERG. #	•		
		•		
NAMES OF PERSONS <u>INCLUDING</u>				
PRIMARY APPLICANT. IF MORE SPACE IS	ADULT	CHILD	AGE	DATE OF BIRTH
NEEDED - USE REVERSE SIDE OF FORM	ADCLI	CILLE	7 IOL	Diffe of Billin
If you have a medical problem, please a	L	tion on the re	werse side of	paper with the name of the
If you have a medical problem, please write information on the reverse side of paper with the name of the person and the problem.				
person and the problem.				
THE CONTROL OF ANY INFORMATION WITH DEGIN IN INFORMATION OF MEMBERSHIP				
FALSIFICATION OF ANY INFORMATION WILL RESULT IN TERMINATION OF MEMBERSHIP				
NO REFUNDS ON SEASON MEMBERSHIP FEE				
	OUGH OF H			
SEASON TICKET APPLICATION				
NAME: (PRIMARY APPLICANT)				
ADDRESS:				
CITY, STATE, ZIP:				
BOROUGH/TWP: SCHOOL DISTRICT:				
HOME NUMBER EMERG. #				
NAMES OF PERSONS <u>INCLUDING</u>				
<u>PRIMARY APPLICANT</u> . IF MORE SPACE IS	ADULT	CHILD	AGE	DATE OF BIRTH
NEEDED - USE REVERSE SIDE OF FORM.				
	1	1	1	· ·

If you have a medical problem, please write information on the reverse side of paper with the name of the person and the problem.

FALSIFICATION OF ANY INFORMATION WILL RESULT IN TERMINATION OF MEMBERSHIP NO REFUNDS ON SEASON MEMBERSHIP FEE