BOROUGH OF HAMBURG
SEASON TICKET APPLICATION

NAME: (PRIMARY APPLICANT) _____

ADDRESS: _____

CITY, STATE, ZIP: _____

BOROUGH/TWP: _____ SCHOOL DISTRICT: _____

HOME NUMBER _____ EMERG. # _____

EMAIL ADDRESS**: _____

****please note: 2026 season ticket application and rate sheet will be emailed**

NAMES OF PERSONS INCLUDING PRIMARY APPLICANT	ADULT	CHILD	AGE	DATE OF BIRTH

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