

**OTSEGO HIGH SCHOOL
FAMILY SPORTS PASS
(GOOD AT HOME GAMES ONLY)**

Return this form to the H.S. Athletic Office or to the Ticket Taker

**TICKET SELLER: ATTACH CASH OR CHECK TO THIS APPLICATION
FOR PASSES SOLD AT YOUR GATE.**

NAME OF PURCHASER: _____

Best Phone Contact- Phone # _____

CHECKS PAYABLE TO OTSEGO PUBLIC SCHOOLS

Number of passes requested _____

\$50.00 per/25-PUNCH PASS

YOU MAY BENEFIT IMMEDIATELY FROM YOUR PURCHASE TODAY
WHEN PURCHASING YOUR PASS AT THE GATE.

PLEASE WRITE IN THE NUMBER OF **ENTRIES FOR TODAY'S CONTEST?**

(This number of punches will be deducted from your card when it is created for you)

(Please circle one of the following choices to indicate your most convenient means for receiving
your pass card when it's created for you:

1. **Send my card home with my child:** _____
2. **Leave my pass at the next contest gate of:** (Sport _____)
3. **I will stop in the athletic office to pick up my pass.**