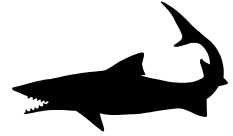


SLPS Athletic Pass



Name _____

2017-2018

Family Members in your household

Daytime Telephone _____ work or home (please circle one)

Evening/Cell Phone _____

Email Address _____

_____ Family - \$225

_____ Adult - \$75

_____ Student - \$60

Signature: _____

Date: _____

Check # _____ (Make checks payable to: St. Louis Athletics)

**Passes are good for all high school and middle school HOME contests. Passes are not valid for away contests or MHSAA sponsored events.*

****You may mail your completed form and payment to:**

St. Louis Athletic Dept.

113 E. Saginaw St.

St. Louis, MI 48880