



St. Henry Athletic Center

2016-2017 Season Pass

Payment Type: **\$48 due**

Cash _____

Check _____

Check No: _____

****Make checks payable to St. Henry District High School****

Please print clearly.

School: _____

League: (circle)

3/4G

5B

5/6G

7/8B

Last Name: _____

First Name: _____

Spouse: _____