# SCHUYLKILL VALLEY SCHOOL DISTRICT

Leesport, Pennsylvania

## 2019-2020 ATHLETIC PASS ORDER FORM

The cost of tickets for 2019-20 athletic contests remains $5.00 for adults and $3.00 for students and senior citizens. **All** spectators over the age of 5 are required to pay an admission fee for home events in the following high school sports - football, boys & girls soccer, field hockey, boys & girls volleyball, boys & girls basketball, wrestling, swimming, boys & girls lacrosse and other night events as deemed appropriate. To encourage attendance by students, parents, family and friends at home athletic contests and to reduce the expense to those who regularly attend athletic events, yearly athletic passes are sold at a substantial savings.

Senior citizens residing in the Schuylkill Valley School District are eligible to receive a free Senior Citizen Pass by coming to the Athletic Office from 8:00am - 3:00pm during days when school is in session. A driver's license or other form of identification to verify a District residence will be required for this pass. Free senior citizen passes will not be issued by mail.

The Family Athletic Pass is valid for 2 adults and an unlimited number of children living at the same address. When filling out the Athletic Pass Order Form for a family pass, please list each family member separately. Individual passes will be issued for each person in the family.

Athletic passes may be purchased by returning this order form to the High School Athletic Office. **Athletic passes will not be sold at home games.**

*Please note* - This pass is not valid for BCIAA, District III or PIAA play-off games that are hosted on the Schuylkill Valley campus.

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**2019-2020 Schuylkill Valley Athletic Passes**

_____ Family Athletic Pass @ $160.00 = $_____

_____ Adult Athletic Pass @ $60.00 = $_____

_____ Student Athletic Pass @ $25.00 = $_____

_____ Senior Citizen Pass (non-SV residents) @ $25.00 = $_____

**TOTAL AMOUNT OF ORDER: $_____**

NAME/NAMES: _____ _____

_____ _____

_____ _____

(Please list the names of each individual who should receive a pass.)

ADDRESS: _____

City, State Zip

PHONE: _____ EMAIL: _____

Return this form, along with check payable to **Schuylkill Valley High School**, to: Schuylkill Valley High School, 929 Lakeshore Drive, Leesport, PA 19533.