

# 2019/2020 Student Activity Pass



You are able to purchase the student activity purchases this year by mailing in this attached form or going online to <http://www.bloomfield.org/payments> and purchasing there. (When purchasing online, choose the student name for registration)

We will prepare and mail the student pass to your home.

Student Activity Passes cost \$25.00 per student and are valid for any regular home season athletic game during the 2019/2020 school year. (The cost of entry to a sports event is \$5 per person).

**Please note that the "Student Pass" is good for regular season games only at Bloomfield Hills High School. It does not allow for free entry into district or playoff games, you will need to pay the standard ticket entry price.** Students MUST have their student pass AND student I.D. on them and present to the ticket seller in order to enter the events. If they do not have their pass on them, they will have to pay the \$5 entry fee. Student I.D. is a requirement to enter all home games.

Make Checks payable to: Bloomfield Hills Schools. We also accept American Express, Visa, Mastercard, & Discover

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Please fill out and return in the enclosed envelope with payment. Cards will be mailed within 10 business days

There are extra lines if you are purchasing a pass for more than one student. Please note that the cost is \$25 per student.

Student Name #1: \_\_\_\_\_

Student Name #2: \_\_\_\_\_

Student Name #3: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Parent/Guardian E-mail: \_\_\_\_\_

Please check <http://www.bloomfield.org/schools/bloomfield-hills-high-school/athletics> to obtain schedules for our games.

If paying by check, please make your check payable to "Bloomfield Hills Schools"

If paying by American Express, Visa, Mastercard, or Discover

Name as it appears on card: \_\_\_\_\_

Card # \_\_\_\_\_ exp: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

\*\*Billing address must match your home address, if you have a different billing address for the card, Please indicate here:

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail to: Bloomfield Hills Athletics/Recreation, 7273 Wing Lake, Bloomfield Hills, MI 48301 ATTN: Angi Lewis