

School District of Lodi 2019-20 Athletic Pass Receipt

Family Name: _____

Athletic Pass:

Individual Athletic Pass

\$25.00 _____

Family Athletic Pass

\$75.00

Athletic Pass Member(s): _____



Address: _____

Phone: _____

Thank You!

Total Fee Paid _____

Payment Type: () Check # _____ () Cash _____ () Charge Card _____

Received by: _____ Date: ___/___/___

