

# 2023-24 CENTRAL ATHLETIC FAMILY PASS



NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PLEASE LIST ALL **IMMEDIATE** FAMILY MEMBERS BELOW.

THIS PASS IS GOOD FOR IMMEDIATE FAMILY MEMBERS ONLY, CHILDREN MUST K-12 SCHOOL AGED STUDENTS. CAN NOT BE USED FOR SPECIAL MSHSAA EVENTS OR JAMBOREE.

INCLUDE YOUR CHS STUDENT NAMES BELOW. IF YOU PURCHASE AN ATHLETIC PASS NO NEED TO PURCHASE AN ACTIVITY PASS ALSO AS THE STUDENT IS ALREADY INCLUDED.

FIRST NAME

LAST NAME

AGE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**YOU MUST PAY \$100 ON SCHOOL CASH ONLINE & SUBMIT THIS COMPLETED FORM.**

PLEASE EMAIL FORM TO [juliebacon@sjsd.k12.mo.us](mailto:juliebacon@sjsd.k12.mo.us) OR BRING THE COMPLETED FORM TO THE MAIN OFFICE. A PASS CAN NOT BE ISSUED UNTIL THE FORM HAS BEEN COMPLETED AND PASS PAID. PLEASE ALLOW TWO DAYS FOR PROCESSING TIME.