Application

District 200 First Class Pass

Please Print:

Name: _____ **Date:** _____
First Last

Address: _____
Street Apt.# City Zip Code

Email Address: _____

Phone Number: _____ **Birthdate:** _____
Month Day Year

Being 60 years of age or older and a resident of Woodstock Community Unit School District 200, I would like to apply for a First Class Pass. I understand that the card and its privileges are not transferable.

Signature _____

Card No. _____
(For office use)

When you have completed the application, please sign and bring it to the District Administrative offices to pick up your card. Or, mail your application to us at:

District 200 First Class Pass
2990 Raffel Road
Woodstock, IL 60098

Thank you! We hope you will enjoy being a First Class Pass member and we appreciate your continued support of District 200.