



Benzie Central Athletic Pass Application

Cardholder names:

- 1) _____ # _____
- 2) _____ # _____
- 3) _____ # _____
- 4) _____ # _____
- 5) _____ # _____
- 6) _____ # _____

Address: _____

City: _____ Zip Code: _____

Phone #: _____

_____ **\$110-Family Pass (2 adults + any student in school through college)**

_____ **\$55-Adult Pass (A single person over 18 years of age)**

_____ **\$25-Student Pass (A Benzie Central Student K-12)**

Make check payable to: **Benzie County Central Schools or BCCS**

Amount Paid: _____ Cash: _____ Check #: _____

Benzie Central Athletics Thanks You For Your Support!
(Passes will be replaced for a \$5.00 fee-Passes will be required at all athletic events)