

CARLISLE INDIANS ATHLETIC DEPARTMENT 2024-2025 ATHLETIC PASS ORDER FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact # _____

Make checks payable to: Carlisle Athletic Department

\$275 Family Pass 2024-2025 School Year (maximum of 5 passes per family – additional passes are \$25 each **limited to your immediate family living in the same household**) (**Fall and Winter**)

1. _____
2. _____
3. _____
4. _____
5. _____

\$150 Fall or Winter only - Family Pass

1. _____
2. _____
3. _____
4. _____
5. _____

\$100 Per Adult Pass - \$55 Seasonal

1. _____
2. _____

\$65 Per Student Pass - \$35 Seasonal

1. _____
2. _____
3. _____
4. _____