

School District of Lodi 2017-18 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 _____

F/R Pending _____ Approved _____

Received by: _____ Date: ___/___/___

(White Building/Yellow Family)

The Family Pass option is recommended when there are 3 or more people requiring the pass