

***ASHLEY COMMUNITY SCHOOLS
2026-27 ATHLETIC PASS***

Date

Father's Full Name

Mother's Full Name

Dependent Children (Please list name & grade
of each child)

Amount Paid: \$ _____

Signature (Office Personnel)

*A family pass includes two adults and their dependent children
(attending Ashley Schools) living in the same household.*

**Family Season Pass: \$100
Adult Season Pass: \$50
Student (7th-12th) Season Pass: \$25**

***ASHLEY COMMUNITY SCHOOLS
2026-27 ATHLETIC PASS***

Date

Father's Full Name

Mother's Full Name

Dependent Children (Please list name & grade
of each child)

Amount Paid: \$ _____

Signature (Office Personnel)

*A family pass includes two adults and their dependent children
(attending Ashley Schools) living in the same household.*

**Family Season Pass: \$100
Adult Season Pass: \$50
Student (7th-12th) Season Pass: \$25**