



2009 Season Pass Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W): _____ E-Mail: _____

TYPE OF SEASON PASS: (Please check one)

- | | |
|--|---|
| <input type="checkbox"/> IU Student Individual* \$60.00 | <input type="checkbox"/> Faculty/Staff Individual* \$89.00 |
| <input type="checkbox"/> IU Student Family* \$90.00 | <input type="checkbox"/> Faculty/Staff Family* \$141.00 |
| <input type="checkbox"/> Public Individual \$103.00 | |
| <input type="checkbox"/> Public Family \$159.00 | |

**Affiliation with Indiana University is subject to validation. You will be obliged to pay the difference in rates if affiliation cannot be validated.*

NOTE: Children under the age of 13 will not be admitted without an adult (age 18 or above)

REQUIRED FOR FAMILY PASSES ONLY (PLEASE PRINT):

Spouse: _____

Children: **(must be 18 years and younger to be included in family membership)**

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Amount Paid: _____ Date: _____ Initials: _____ Pass Card #: _____

Please circle method of payment: Cash Check Charge