

**BOROUGH OF HAMBURG
2018 SEASON TICKET APPLICATION**

NAME OF APPLICANT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

BOROUGH/TWP: _____

HOME NUMBER _____

SCHOOL DISTRICT: _____

EMERG. # _____

NAMES OF PERSONS TO RECEIVE TICKET INCLUDING APPLICANT IF TICKET IS DESIRED -	ADULT	CHILD	AGE	DATE OF BIRTH

If you have a medical problem, please write information on the reverse side of paper with the name of the person and the problem.

**FALSIFICATION OF ANY INFORMATION WILL RESULT IN TERMINATION OF MEMBERSHIP
NO REFUNDS ON SEASON MEMBERSHIP FEE**