

**BOROUGH OF HAMBURG
2020 SEASON TICKET APPLICATION**

NAME OF APPLICANT: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 BOROUGH/TWP: _____ SCHOOL DISTRICT: _____
 HOME NUMBER _____ EMERG. # _____

NAMES OF PERSONS TO RECEIVE TICKET INCLUDING APPLICANT IF TICKET IS	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**

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