

ZANE TRACE ATHLETICS  
FAMILY PASS APPLICATION

ADULT NAME: \_\_\_\_\_

ADULT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CHILDREN'S NAMES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand I can use this Family Pass for all Zane Trace Local home sporting events only.  
(This does not include Tip-Off Classic, SVC Tournaments or OHSAA Tournaments)

I also understand my pass or my children's pass will be confiscated if used by anyone other than its rightful owner.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Family Passes are \$200.00. Please allow 2-3 business days after receiving your application and payment for your passes to be printed.** Once they are printed we will Mail Your Passes to the Address Listed Above. Thank you for your support of Zane Trace Athletics.