

CITY OF STROMSBURG

2017 CHILD SEASON PASS

NO REFUNDS - NON-TRANSFERABLE

PASS HOLDER INFORMATION

FULL NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP _____

HOME PHONE: _____

CELL PHONE: _____

OFFICE USE ONLY

PASS NO. _____

TOTAL FEE FOR CHILD PASS: \$ 60.00

DATE ISSUED: _____ **ISSUED BY:** _____