

Tusky Valley Athletic Department

2025 Fall Pass Order Form

Please Check the Correct Box
(Please Print)

Name: _____	Adult ☐	Student ☐
Name: _____	Adult ☐	Student ☐
Name: _____	Adult ☐	Student ☐
Name: _____	Adult ☐	Student ☐
Name: _____	Adult ☐	Student ☐

Please list all names receiving a pass. If purchasing the family pass, only include those who live in your **immediate household**. You only need to include school-age children and older. Please indicate if the pass is for an adult or a student. Please check the appropriate box.

Address: _____

City: _____ Zip: _____

Phone #: _____

Packages are on the back

Fall Sports Individual Game Ticket Prices: HS: Adults \$8/Students \$5 MS: Adults \$6/Students \$3

Please Check Ticket Package:

_____ Plan #1 Football Only-One Reserved Seat

***Valid at middle school, jv, and varsity regular season home football games only.**

Number of seats _____ x \$45.00 per seat.

Total Amount Plan # 1 \$ _____

_____ Plan #2 Entire Fall Season Individual Passes

***Valid at all fall high school and middle school, regular season home athletic events.**

You will receive a reserved seat at jv/varsity football games for every adult pass purchased.

Adult Pass: \$60.00 x _____ = _____

Student Pass: \$30.00 x _____ = _____

Fall Student Athlete: \$15.00 x _____ = _____

Total Amount Plan # 2 \$ _____

_____ Plan #3 Family Pass

***Valid at all fall high school and middle school, regular season home athletic events.**

Our family package will entitle you and your immediate family, admission to all fall athletic events. You will also have two seats in our reserved section at jv/varsity football games.

The price of plan #3 (Family Pass) is \$170.00.

Please Send Payment To:

TUSCARAWAS VALLEY ATHLETIC DEPARTMENT
2629 Tusky Valley Road
Zoarville, Ohio 44656

Make checks payable to: Tuscarawas Valley Athletic Department.

For Office Use Only

Cash _____

Check # _____

Amount _____