

**COLLEGE COMMUNITY SCHOOLS**  
**Family Season Ticket Request**  
**Single Adult Season Ticket Request**

Please print legibly☺

Name: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_

Please list only Prairie 4<sup>th</sup>-12<sup>th</sup> grade family members:

<u>First Name</u>	<u>Last Name</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continue list on back of form if necessary

Signature of applicant: \_\_\_\_\_

Mailing address of applicant: \_\_\_\_\_

\_\_\_\_\_

Phone number of applicant: \_\_\_\_\_

Please check one –

\_\_\_\_\_ Send form and \$135.00 check for Family Pass

\_\_\_\_\_ Send form and \$75.00 check for Single Adult Pass

Please return to cashier at Fall Registration or mail to: College Community Schools Business Office  
401 76<sup>th</sup> Avenue SW  
Cedar Rapids IA 52404