

**GLENVIEW ICE CENTER 1851 Landwehr Rd. Glenview, IL 60026-1241 847-724-2800  
2009-2010 PUBLIC SESSION SEASON PASS APPLICATION**

1. PRINT last name, address, home telephone number & email address.
2. List the name, birthdate & gender of each individual for whom you are purchasing a pass. Persons listed must all reside at the address listed, in the same apt. or condo. False information on this application will result in loss of skating privileges for all persons listed. Application must be signed by an adult. Children 5 and under do not need a pass if they always skate with an adult.
3. Submit the application during office hours with cash or a check made payable to the GLENVIEW ICE CENTER or GIC. You may also pay using a Visa, MasterCard or Discover.
4. Photographs for your Glenview Park District ID card can be taken during regular office hours. (If you and your family members already have cards because you've previously purchased fitness, pool or skating passes, you will not need to take a new picture or get a new card.)
5. Season passes are valid Sept.7, 2009 through Sept.5, 2010 and **MUST BE PRESENTED TO STAFF EACH TIME YOU COME TO A PUBLIC SKATING SESSION.**

	<u>PASS FEES</u>	<u>RESIDENT</u>	<u>NON-RES</u>
Household Name _____	Individual	\$45.00	\$90.00
	Senior Citizen	\$36.00	\$45.00
Address _____	2 Family Members	\$60.00	\$120.00
	3 Family Members	\$65.00	\$130.00
City _____ Zip _____	4 Family Members	\$70.00	\$140.00
	5 Family Members	\$75.00	\$150.00
Home Phone _____	6+Family Members	\$80.00	\$160.00
Email Address _____	Replacement Pass	\$10.00	

<b>First Name</b>	<b>Last Name</b>	<b>Birthdate</b>	<b>Male or Female?</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*"I understand that season passes may be used only by the individuals for whom they were issued, that misuse will result in loss of privileges, that they are nonrefundable and cannot be prorated."*

Signature of adult making application \_\_\_\_\_ date \_\_\_\_\_

V, MC or D# \_\_\_\_\_ exp \_\_\_\_\_ / \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ date \_\_\_\_\_

**OFFICE USE:** Payment by: cash check V MC D Receipt # \_\_\_\_\_ processed by \_\_\_\_\_