

WHEATON ATHLETIC SEASON PASS

2008-2009

PERSONAL INFORMATION

First Name _____ Initial _____ Last Name _____

Address _____ Apt./Unit _____

City _____ State _____ Zip Code _____

Daytime Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Are you a Wheaton College Alumnus? Yes No Class Year _____

Would you like to receive a:

Pocket Sports Schedule? Yes No

Campus Map? Yes No

Area Restaurant Guide? Yes No

PAYMENT INFORMATION

Thunder Sports Family Pass \$150

I'd like to include a gift to the Wheaton Fund for Athletics

Wheaton Fund Athletics Gift \$ _____
(Tax Deductible)

Your gift helps provide the necessary resources our teams need to successfully compete at the conference and national levels. The Thunder Athletics program has been ranked in the top 10% of all NCAA Division III institutions for seven consecutive years!

Method of Payment: Cash Check (check # _____) payable to Wheaton College Athletics

Circle: Visa/Master Card/Discover Credit Card # _____

Expiration Date - Month/Year: _____ / _____ Circle: **Credit or Debit**

Signature _____

For Phone orders: the only form of payment accepted is Credit Card

OFFICE USE

Date Received

For more information, contact the Athletics Office.
Office Phone: 630/752-5079