

ALLIANCE HIGH SCHOOL ATHLETICS

Mike Schott, Athletic Director Sue Donohoe, Ticket Manager/Secretary
TOP GUN PRESALE TICKET INFORMATION FORM

FAX: 330-829-2279

EMAIL: donohoesu@alliancecityschools.org

PLEASE RESPOND AS SOON AS POSSIBLE.

=====

NAME OF SCHOOL:_____

ALL SESSION PASS (INCLUDES ALL 3 SESSIONS)

COACH #_____ @ \$30.00= _____

(access to comp room (Limit 2 extra)

There will be NO additional coaches passes sold after the tournament begins. They must be purchased in advance.

You must pay for a replacement wristband if lost, damaged or forgotten.

ADULT NO. NEEDED_____ @ \$16.00= _____

STUDENT NO. NEEDED_____ @ \$11.00= _____

TOTAL _____

Make your check payable to: AHS Athletics

THE FOLLOWING INDIVIDUALS WILL BE THE ONLY PEOPLE ADMITTED
FREE OF CHARGE:

All participating wrestlers & 3 Coaches per team

