



Ten Session Pass Form

Program Site _____ Circle one 1st Pass 2nd Pass

Child's Full Name _____ Date Purchased _____

Parent's Name _____ Quantity of Passes 1 2 Circle one

Payment Method: _____ Amount \$ _____

- Check # _____
- Money Order # _____
- Credit Card (Please attach Authorization Form)

Address _____

Parent/Guardian Signature

Date

A completed registration is required to purchase a pass.

Mail this form and registration form with payment for both to the main office:

AYS, Inc.

Attn: Finance Division

4755 Kingsway Drive, Suite 300

Indianapolis, IN 46205

You may pay by credit card by faxing this form and a Credit Card Authorization to the main office. Fax (317) 283-3840

The ten session pass will be mailed to your home.

Finance Office Use Only

Pass # _____

Date Received in Office: _____ By: _____

Date Processed: _____ By: _____

Check/Money order/credit card _____

Director use:

Site: _____

Dates used: _____