## **ACTIVE MILITARY PERSONNEL** DISCOUNT REQUEST

(This is Confidential)

Applicants must present your Active Duty Service Identification Card. Discounts will be applied to classes for eligible dependents and will not exceed 10% or \$10 per class. Discounts may not be used for field trips, excursions, T-shirts, late fees, team fees, membership or facility reservations.

First

Middle Initial

Applicant Name: Last

Home Address		City	State	Zip
Home Phone	Cell Phone	Work Phone		
List all Imme	ediate Family Dependents	Birthdate	e (if under 18)	
1)				
2)				
3)				
5)				
6)				
7)				
8)				
1 ())				
9)				
10)	my knowledge and belief th	at the above state	ements are true.	
10)	my knowledge and belief th	at the above state		Date
I affirm to the best of Signature I hereby certify that the	my knowledge and belief the second self the second self the second self the second second self the second s	USE ONLY) or the Active Mili	tary Personnel D	
I affirm to the best of Signature I hereby certify that the	FOR OFFICE ne above family is eligible for gram (will not exceed \$10 pe	USE ONLY) or the Active Mili	tary Personnel D	