Application

District 19 Giant Pride Pass

Please Print:

Name:_____ Date: _____
First Last

Address: _____
Street Apt.# City Zip Code

Mail or Email? Please indicate your preference below.

☐ Please send Giant Pride Pass calendars and other updates via US mail to the address above.

☐ Please send Giant Pride Pass calendars and other updates via email to the email below.

Email Address: _____

Phone Number: _____ **Birthdate:** _____
Month Day Year

Being 60 years of age or older and a resident of Alden-Hebron School District 19, I would like to apply for a Giant Pride Pass. I understand that the card and its privileges are not transferable.

Signature_____

Card No. _____
(For office use)

When you have completed the application, please sign and bring it to the District Office (located in the elementary school) to pick up your card. Or, mail your application to us at:

Giant Pride Pass
11915 Price Road
Hebron, IL 60034

Thank you! We hope you will enjoy being a Giant Pride Pass member and we appreciate your continued support of District 19.