

**Please return this form to:
Season Tickets
Donna Johnson
244 Katie St.
Temple, Ga. 30179**

Name: _____

Address: _____

Contact Number: _____

Email Address: _____

Please check below what you wish to purchase.

Football Season Ticket(s) \$70.00 ea. # _____ \$ _____
(includes scrimmage games)

Football Season Ticket(s) \$60.00 ea. # _____ \$ _____
(Includes 6 regular season games only)

All Sports Pass \$ _____

Reserved Football Parking Pass \$25.00 \$ _____
(includes all games)

Total \$ _____

*Please make all checks payable to **Temple High School**.