Appomattox Middle School Athletic Pass Order Form 2026-2027

Welcome to the 2026-27 Sports Season at Appomattox Middle School. We are offering the following season passes for purchase for this school year's **AMS *home, regular season athletic events*.** ***AMS athletic passes DO NOT include entry to ACHS events.***

- **AMS Family Year Pass - $200** (up to 4 members of current household, inc. students)- **each additional pass $20**
- **AMS Individual Year Pass - $100**
- **AMS Family Season Pass - $100/season** (up to 4 members of current household, inc. students) - **each additional pass $20**
- **AMS Individual Season Pass - $50/season** (fall, winter, spring)
- **AMS Replacement Fee - $10**
- **AMS ACPS Student Athletic Pass - $30 (**Primary, Elementary, Middle, High School students have the opportunity to purchase this optional pass that will admit them to **home, regular season** athletic contests.)

Employees of Appomattox County Public Schools

All ACPS Employees and current members of their household will be admitted to all **regular season home athletic events** when they present their school ID. **Please note:** All family members must enter the gate at the same time in order to be admitted free of charge via this method.

Tickets to all **regular season** AMS events will be **$7.00**. K-12 through adult. Children not yet of school age are admitted free of charge.
Any child, 8th grade and under must be accompanied by a parent or guardian for the duration of the game/event.

Fill out and return with payment to the address listed below.
Appomattox Middle School
Attention: Michelle Christian, Bookkeeper
2020 Church Street
Appomattox, VA 24522
MAKE CHECKS PAYABLE TO: APPOMATTOX MIDDLE SCHOOL (AMS)

Appomattox Middle School Season Pass Order – Check your purchase option(s).
Family/Year [ ] $200 Individual/Year [ ] $100 Family/Season [ ] $100
Individual/Season [ ] $50 AMS Student Pass [ ] $30
If purchasing a season pass, please select season (fall, winter, spring) _____

Purchaser's Name: _____ Date: _____/_____/_____
Mailing Address: _____
Telephone #: (_____)_____ Email Address : _____
Total Number of Passes Purchasing: _____ Amount Paid: _____

Family Pass Options: Including purchaser and AMS student, list below the first and last name of individuals to be printed on family passes.

1. _____ **2.** _____
3. _____ **4.** _____

Additional Family Passes ($20.00 each)

_____ _____

Check preference for receiving pass(es):

[ ] Give to an AMS student (List student's full name on line.): _____ **[ ]** Pick up in AMS main office

AMS $30.00 Student Pass Option: List Student's First & Name: _____

For Office Use Only: Please do not write in this space.

Amount Total: $ _____ **Check #:** _____ **Cash:** _____ **Name(s) added to master pass list:** ☐

Card(s) Received by Signature: _____ **Printed Name:** _____

Revised 7/2026