

LIFETIME PASS
REQUEST FOR REPLACEMENT

Date of Request _____

Name and Address of Applicant _____

School District _____

Original Lifetime Pass Number _____

Date of Issuance of Original Pass _____

Describe Reason and Circumstances Necessitating a Replacement Card

List below years of meritorious service to Section 2 Athletics. Under coaching: If applicant coached multiple sports in the same year, it only counts as one year.

Dates of Years Coached	Sport	School District
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dates As Athletic Director	School District
_____	_____

Dates	As Sports Chairperson; Sec. 2 Executive Committee Member; Officer of Sec. 2; Rep. to NYSPHSAA Central Committee, etc.
_____	_____
_____	_____
_____	_____

Signature of Applicant _____

Signature of Athletic Director/
Principal/Superintendent _____

Signature of Executive Committee
Member _____