

SWIM CENTER FACILITY RENTAL FORM

EVENT INFORMATION

Date Submitted:	Date(s) Requested:	
Time(s) Requested:	A.M. or P.M. To:	A.M. or P.M.
Event:		
Organization Name:	Phone <u>: (</u>	
Organization Representative:		
Address:		
City:	Zip:	
	mers). For 51-74 swimmers, an additional \$30/hour s required. Providing enough staff will ensure the sa	•
Number Expected:		
Adults:		
Children:		
PAYMENT METHOD Online Payment: NMIMT M-Mount	ain Mall (https://secure.touchnet.com/C22533_us	stores/web/)
NMT Department:	Account Number:	
Email Address:	Phone #:	
Note: Cancellations must be made 48	hours prior to the event or a late cancellation fee of	\$30 will be billed.
SPECIAL REQUESTS (specify any othe	r requests such as lap lanes up or down, umbrellas at	: picnic tables, etc.)
Submission of a request does not gua	arantee approval. Do not advertise event until you re	ceive final approval.

EMAIL form to:

Melissa Begay (melissa.begay@nmt.edu)

Director, Recreation and Well-Being

575-835-5120 (office) or 575-835-5221 (swim center)