

NMT Swim Center Pool Pass Form

Prices Include Tax

Pass Code	Pass Type	Family*			Individual		
		1 year	6 months	1 month	1 year	6 months	1 month
A	Tech Employees: NMT Faculty & Staff Payroll Deduction Only <i>Complete the form on the back of this page.</i>	\$208.00	-----	-----	\$147.00	-----	-----
	NMT Retired Employee Eligibility Signature Required <i>Complete the form on the back of this page.</i>						
B	Adjunct Faculty Eligibility Signature Required <i>Complete the form on the back of this page.</i>	\$222.00			\$194.00		
C	NRAO Eligibility Signature Required <i>Complete the form on the back of this page.</i>	\$424.00	-----	-----	\$365.00	-----	-----
D	NRAO Visiting Student Eligibility Signature Required <i>Complete the form on the back of this page.</i>	-----	-----	\$87.00	-----	-----	\$63.00
E	NRAO Visiting Scientist Eligibility Signature Required <i>Complete the form on the back of this page.</i>	-----	-----	\$87.00	-----	-----	\$63.00
F	Alumni Eligibility Signature Required <i>Complete the form on the back of this page.</i>	\$437.00	-----	-----	\$375.00	-----	-----
G	Community	\$593.00	\$385.00	-----	\$385.00	\$253.00	-----
H	Senior (>60) All pass holders must be seniors.	\$341.00	\$228.00	-----	\$228.00	\$171.00	-----
I	Medical Rehabilitation Individual only Pass is for rehabilitation only. Individuals requiring ongoing pool therapy must purchase a regular pass. Pass is good for six months only and may not be renewed. <i>Request must be accompanied with a doctor's note.</i>	-----	-----	-----	-----	\$171.00	-----
J	Grandchild Individual must be a pass holder to purchase						\$36.00

- Only the requestor's spouse and dependent children are eligible family members. A dependent must be under 19 years of age or 25 years of age if he/she is a full-time student. Grandchildren are not eligible as dependents for a family pass.

Date _____ Requestor's Name _____

Mailing Address _____

Home Phone _____ Work Phone _____ E-mail _____

Pass Code → Payment Enclosed Cash \$ _____ Check \$ _____

Please print full names of all pass recipients. List yourself first and then dependents.

NAME _____ RELATIONSHIP _____ AGE _____

No extensions will be given for any type of closures, including but not limited to maintenance and emergency closures.

