

## **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:	
	rs). For 50-74 swimmers, an additional \$25 is requency ough staff will ensure the safety of all swimmers	•
Number Expected:	<u> </u>	
Adults:		
Children:		
PAYMENT METHOD		
Online Payment: NMIMT M-Mountain	Mall (https://secure.touchnet.com/C22533_us	stores/web/)
NMT Department:	Account Number:	
Email Address:	Phone #:	
Note: Cancellations must be made 48 ho	urs prior to the event or a late cancellation fee of	\$25 will be billed.
SPECIAL REQUESTS (specify any other re-	quests such as lap lanes up or down, umbrellas at	: picnic tables, etc.)
Submission of a request does not guaran	tee 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)