

EMPLOYEE FAMILY PASS FORM

This voucher should have the following information requested by employee to their supervisor/manager and submitted to the General Manager for approval. After approvals have been authorized, this form should be returned to the employee. Employee family member should bring this form and picture ID with address on it to purchase yearly pass. Family member should initial beside their name when presenting to camera cashier for yearly pass card. Cashier is to keep this form and send it with their deposit as backup for the discount.

The cost is \$50.00 for EACH family member purchasing a pass.

REQUEST FOR YEARLY PASS DISCOUNT FOR FAMILY MEMBER

Employee Name: _____

Address: _____

City/State/Zipcode: _____

Phone Number: _____

Department: _____

Family Member(s) 1. _____

2. _____

3. _____

4. _____

5. _____

Number of Passes Requested: _____

Date: _____

Employee Signature: _____

Date: _____

Supervisor/Mgr Signature _____

Date: _____

General Manager Signature _____

If you have any questions please call the Membership Office (409) 683-4287 or (409) 683-4326