

Employee/Volunteer Family Pass Form

This voucher should have the following information requested by employee for approval from the following:

1. Supervisor/Manager Signature (Required)
2. General Manager Signature (Required)

After approvals have been authorized, this form should be returned to the employee. Employee Family members should bring this form and picture ID with address on it to purchase yearly pass. Cashier is to keep this form and attach to the original Membership Application Form.

REQUEST FOR YEARLY PASS DISCOUNT FOR FAMILY MEMBER

Employee Provide Your Information Below: (PRINT ONLY)

Name: _____

Address: _____

City/State/Zipcode: _____

Department: _____

Supervisor/Manager Name: _____

Number of Passes Request: _____

Family Member(s):

1. _____

2. _____

3. _____

4. _____

5. _____

Employee Signature: _____ Date: _____

Supervisor/Mgr Signature: _____ Date: _____

General Manager Signature: _____ Date: _____

**If you have any questions please contact the Membership Department:
(409) 683-4287, (409) 683-4326, or (409) 683-292**