



Corporate Contract

Please complete Fully

Company: _____

Corporate Level: _____

Joining Fee: _____ paid

Rental Credit: _____ applied

Contact: _____

Department: _____

Address: _____

Telephone: () - _____

Fax: () - _____

Email: _____

- We certify that all participants in the corporate membership pass program are current employees or their dependents.
- We shall notify the Aquatic Center as soon as possible if the employment status of any pass holder changes.
- We understand that eligibility of employees that are part -time, contract, and/or retired et cetera is at the discretion of the company.
- We understand the Aquatic Center has a no refund policy.
- Any questions regarding pass status, transfers, and/or refunds must come to the Aquatic Center through the corporate contact.
- We understand the Asotin County Family Aquatic Center is subject to closures and hours of operation are subject to change.
- We understand this contract is for one year from date submitted.
- We understand that the Joining Fee must be paid in full in order to activate the Corporate Account. We also understand that the Rental Credit must be used (reserved) within the contract period.

Authorized Signature: _____ Date: _____

Office Use Notes: _____

