

**Monadnock Bible Conference**  
257 Dublin Rd, P.O. Box 70  
Jaffrey, NH 03452-0070  
(603) 532-8321

Non-Profit Organization  
U.S. POSTAGE  
P A I D  
Jaffrey, NH  
Permit #2

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## Adult Swim Program

RETURN SERVICE REQUESTED

PLEASE MARK **REFUSED** TO BE  
REMOVED FROM OUR MAILING LIST



[monadnockbible.org](http://monadnockbible.org) jaffrey, nh 603.532.8321

# Adult Swim Program 2014-2015

# monadnock

BIBLE CONFERENCE CENTER

monadnockbible.org jaffrey, nh 603.532.8321

## RATES:

- \$5 - pay each time you swim
- \$140 - swim once per week
- \$170 - swim anytime during open hours

**In an effort to use less oil, we are holding the water temperature at 80 degrees.**

ID cards will be issued to all swimmers. Swimmers must check in by leaving their cards in the office prior to swimming.

## DATES:

Our program begins **Monday September 29, 2014** and ends **Thursday, May 21, 2015.**

### The hours will be :

- Monday from 2-4 pm
- Tuesday 9-11 am and 2-4 pm
- Wednesday 9-11 am and 2-4 pm
- Thursday 9-11 and 2-4 pm.

### The pool will be closed on:

- Thanksgiving weekend
- Christmas week
- New Year's Eve day and New Year's Day
- Martin Luther King Day
- Good Friday

We reserve the right to close on additional dates as our retreat schedule develops.

## IMPORTANT: Swim Program Guidelines

We do not provide a lifeguard.  
You must swim with someone.  
(We can provide a list of names so that you can coordinate swim times with someone).  
Participants must be at least 18 years old.  
We ask that ladies wear modest, one piece bathing suits, or a dark t-shirt over a two piece suit.  
Smoking, alcohol and drugs are not allowed.  
If you have any questions or concerns, please call us at 532-8321.

For pool parties or group use, the rate is \$100 per hour for up to 25 people; \$4 per person over 25 people. A lifeguard is required. You are responsible to pay the lifeguard which is an additional minimal charge of \$8 per hour.  
We can provide you with a list of potential lifeguards.

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## Adult Swim Program 2014-2015

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (circle one) AM/AM NOT willing to have my name and phone number put on this year's swimmers' list to give to other participants who desire to coordinate swim times.

I have enclosed \$ \_\_\_\_\_ and plan to: ( ) Pay \$5 each time I swim ( ) Swim 1 day per week  
( ) Swim anytime during open hours

I am at least 18 and agree to the above mentioned guidelines of the swim program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_