

LIFESAVING SOCIETY AFFILIATE - Facility Information:

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Please copy this sheet if required.

Indoor Pool Outdoor Pool Waterfront

Dryland Site Wave/Leisure Pool Backyard Pool

Facility Phone # () _____

Contact Person _____

Title _____

Indoor Pool Outdoor Pool Waterfront

Dryland Site Wave/Leisure Pool Backyard Pool

Facility Phone # () _____

Contact Person _____

Title _____

Indoor Pool Outdoor Pool Waterfront

Dryland Site Wave/Leisure Pool Backyard Pool

Facility Phone # () _____

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