

LIFESAVING SOCIETY AFFILIATE – Facility Information:

Facility #1		
Facility Type: <input type="checkbox"/> Indoor Pool <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Backyard Pool <input type="checkbox"/> Wave/Leisure Pool <input type="checkbox"/> Waterfront/Beach <input type="checkbox"/> Dryland Training Site	Facility Information: Name: _____ Address: _____ _____ _____ Phone #: _____	Contact Information: Contact Person: _____ _____ Member ID: _____ _____ Title: _____ _____

Facility #2		
Facility Type: <input type="checkbox"/> Indoor Pool <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Backyard Pool <input type="checkbox"/> Wave/Leisure Pool <input type="checkbox"/> Waterfront/Beach <input type="checkbox"/> Dryland Training Site	Facility Information: Name: _____ Address: _____ _____ _____ Phone #: _____	Contact Information: Contact Person: _____ _____ Member ID: _____ _____ Title: _____ _____