

Submit in Triplicate

Request for Use of the Junior High Swimming Pool

(Submit Request to Junior High Principal)

Name or Organization making request: _____

Address: _____ Phone: _____

Name and Title of person filing request: _____

Date pool is to be used _____ 20 _____ Hours facility is to be open _____ am _____ pm
closed _____ am _____ pm

Purpose for which the facility will be used _____

Number of persons participating _____ Number of persons in attendance _____

Number of adult supervisors _____ Admission to be charged \$ _____

Proceeds to be used for? _____

Under normal operation of the pool the following additional areas are open and MUST BE SUPERVISED:

Commons Area

Boy's Dressing Room

Girl's Dressing Room

Rest Rooms

Corridors

Parking Lots

Name of adult who will be present at all times and in charge _____ Age _____

Names of Approved Life Guards on Duty

(One Guard per 25 Swimmers)

Certified by the Red Cross

(Date of Certification)

Age

Special Requests: (subject to approval)

1. _____

2. _____

For School Use ONLY:

Approval by Aquatics Coordinator _____ Date _____

Approval by Principal _____ Date _____

Approval by Business Office _____ Date _____

Comments: _____

