

Lifeguard Request Form

Swenson/Stromberg Gym Complex
Weber State University

Group Name _____

Event/Reason _____

Day: Mon Tues Wed Thurs Fri Sat Sun

Date: _____ Time: _____ to _____

Expected # of Participants _____

Group Contact name _____

Phone _____

Email _____

Facility Supervisor Approval _____

(the pool has been scheduled for the time and event listed above)

To cancel reservations at the pool contact the pool supervisor and building supervisor 24 hours before your reserved time in the pool and during business hours 626-7184. If you fail to cancel your reservation in time, you will still be charged for time in the pool.

I understand that my group will be responsible to pay Campus Recreation Aquatics department for lifeguarding my event. I also understand that I personally will be responsible to keep the appropriate number of participants in the pool during the event mentioned above.

Signature _____

Pool Supervisor Approval _____

(Lifeguard has been scheduled)

Return this form to the Swenson/Stromberg Building Supervisor 626-7516

