



California Surf Lifesaving Association

Junior Lifeguard of the Year Submission

FINAL

Proposed Recipient:

Name: _____ Phone: (____) _____

Recipient Address: _____
Street Address City State Zip Code

Agency: _____ Chapter: _____

Junior Lifeguard Title: _____ Years in Program: _____

Agency Address: _____
Street Address City State Zip Code

Program Coordinator (Print) Phone: (____) _____

Signature: _____ Date: _____

Chapter President

Signature: _____ Date: _____

Agency Director or Chief Officer (Print)

Signature: _____ Date: _____

Qualifications for Submission:

Briefly describe the qualities or actions of the proposed recipient that qualify them for this award:
