



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:

