

Reg. Charity No. 11912 9021 RR0001

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LIFESAVING SOCIETY SEE AUDIT AND AQUATIC INSPECTION REGISTRATION AND PACKAGE ORDER FORM

Please submit completed form to the Lifesaving Society a minimum of seven (7) working days prior to the start of your inspection or audit.

AFFILIATE CONTACT INFORMATION - Please print clearly			
AFFILIATE NAME:			
CONTACT NAME:		PHONE: ()	
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
EMAIL:		FAX: ()	
INSPECTION/AUDIT DATE(S)			
Inspection/Audit	Inspection/Audit Dates	SEE Auditor/Aquatic Safety Inspector	Quantity
SEE Audit Report – Pool/ Waterpark Lifeguard			
SEE Audit Report – Waterfront/ Surf Lifeguard			
SEE Audit Report – Aquatic Instructor/Coach			
Aquatic Safety Inspection Report — Supervised Public Pool			
Please refer to the Price List for pricing information on Inspection and Audit Reports.			
PAYMENT INFORMATION			
☐ Debit / Cash (in person)	☐ Master Card ☐ \	isa 🔲 Invoice P/O #	
Credit Card #	Expiry Date MM/YY		
Name on Credit Card	Phon	e number (associated with CC)	
FOR OFFICE USE ONLY - Do no write in this area			
Tracking spreadsheet updated C]		
PROGRAM AND SERVICES TEAM INFORMED □			
MATERIAL SENT □			
DATE:			