

California Surf Lifesaving Association Junior Lifeguard of the Year Submission



Proposed Recipient:

Name:		Phone: ()		
Recipient Address:	City		State	Zip Code
Agency:	-	Chapter:		·
Junior Lifeguard Title:		Years in Program: _		
Agency Address: Street 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 pro	posed recipie	nt that qualify them f	or this a	ward:
		,		

Details of why this proposed recipient is deserving of this award:

RETURN THIS SUBMISSION VIA E-MAIL DIRECTLY TO THE JR. GUARD COPMMITTEE CHAIR: at: jrguards@cslsa.org

** FOR COMMITTEE USE ONLY**				
Action recommended by Review Panel:	Approve	Disapprove		
Name (Print):	Signature:		Date:	
Action Taken by Junior Lifeguard Committee	Approve	Disapprove		
Committee Chair:	Signature:		Date:	
Disposition:				