

City of Kodiak Parks and Recreation Department • 410 Cedar Street, Kodiak, Alaska 99615

Swimming Pool 907.481.2519 - Dale Lewis, Pool Manager - 907.481.2267 - dlewis@city.kodiak.ak.us

SWIMMING POOL FACILITY-USE FORM

Use Category:

KIBSD Lifeguard Agreement

Activity Not Covered by Lifeguard Agreement

_____ Purchase Order Number (*required for school activities not covered by lifeguard agreement*)

Activity Contact Information:

Contact Person:	Name:	Phone:	E-Mail
	Title:	Fax:	
Organization Name			
Address	Street/P.O. Box	City	State, Zip

Billing Information (if different than contact):

Contact Person:	Name:	Phone:	E-Mail
	Title:	Fax:	
Organization Name			
Address	Street/P.O. Box	City	State, Zip

Description— Include purpose, approximate number of people and ages: _____

Support Staff—Names of staff who will be in the pool area and what they will be doing: _____

Dates and Times:

Activity will begin _____ , _____ and the last day is _____ , _____

DAY MONTH/DAY/YEAR DAY MONTH/DAY/YEAR

Days, Dates, Times and Number of Instructors and Lifeguards Needed:

(The general rule is one lifeguard, or instructor, for every 25 people in the water: between 25 and 50, two lifeguards are needed.)

Day	Date	Times	Number of instructors needed @ \$15/hour	Number of lifeguards needed @ \$15/ hour
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				
TOTAL HOURS & WAGE AT \$15 PER HOUR			Hours= Wage=	Hours= Wage=