



Swim Houston Pool Management
5120 Franz Rd Ste 700
Katy, TX 77494
832 - 701 - 7946

LIFEGUARD REFERRAL FORM

Name: _____

Phone Number: _____

Email: _____

Lifeguard(s) that you referred:

Name: _____

Phone Number: _____

Email: _____

Date of class: _____

Name: _____

Phone Number: _____

Email: _____

Date of class: _____

Name: _____

Phone Number: _____

Email: _____

Date of class: _____

I understand that in order to receive my \$50/lifeguard referral bonus at the end of the season, the person(s) I referred must complete the following requirements:

- Referral form must be completed within two weeks AFTER the referee complete the application.
Must complete Lifeguard & CPR/AED training OR is already certified
Must work a total of at least 100 hours
Must work until the end of the season

Signature: _____

Date: _____

FOR OFFICE ONLY:

Name: _____ Pool: _____ Approved: _____ Denied: _____ Paid: _____

Name: _____ Pool: _____ Approved: _____ Denied: _____ Paid: _____

Name: _____ Pool: _____ Approved: _____ Denied: _____ Paid: _____