



Progressive Pool Management, Inc.
Quality Care for Commercial Pools

SWIMMING POOL MANAGEMENT PROPOSAL REQUEST

Pool Name: _____ Date Requested: _____

Pool Address: _____

Contact Person: _____ Phone: _____

E-mail Address: _____ Fax: _____

Dates of Operation:

May: _____

June: _____

July: _____

August: _____

September: _____

Hours of Operation: _____

Number of Lifeguards per Shift: _____

Approximate Size of Pool: _____ Number of Gallons: _____

Is there a bathhouse to winterize? Yes No

Do you have a cover? Yes No

Do you have furniture? Yes No

Do you expect the lifeguards to:

Monitor gate/sign in sheet? Yes No

Clean the bathrooms? Yes No

Clean and arrange furniture? Yes No