



Pool Lifeguard Challenge Team Entry Form

(Please complete 1 form per team entry)

Name of Aquatic Centre: _____

Participant 1: _____

Participant 2: _____

Participant 3: _____

Participant 4: _____

**Please note that there must be at least ONE female participant in the team of 4.*

Aquatic/Centre Manager

Name: _____

Email address: _____

Phone number: _____

Signature: _____ **Date:** ____ / ____ / ____

Once completed, please send entry form to:

Email sport@royallifesavingwa.com.au

Postal: The Royal Life Saving Society WA
PO Box 28 Floreat Forum WA 6014

Invoicing details

Please provide details below about whom and where the invoice for the team entry for **\$250.00** should be sent to.

Name: _____

Organisation: _____

Purchase Order Number #: _____

ABN: _____

Address: _____

Suburb: _____ Postcode: _____

Photo Authority

By submitting this form you grant the Royal Life Saving Society Western Australia authority to use photographs taken of the above named person/s to be used in promotional and advertising material for Royal Life Saving's purposes. These photographs will not be on sold to any third party and will only be used in the promotion and advertising of Royal Life Saving's programs and initiatives.

I / We Agree

The Pool Lifeguard Challenge is sponsored by