



Training Services Aquatic Examiner Service Agreement

Appendix C – Services and Facility Locations

NOTE: Complete **ALL** columns.

Facility Location Details (Include Full Physical Address)	Number of Lifeguard Operations Assessment(s)	Number of Additional Visits	Number of In- Service Trainings	Seasonal? (Y/N) If Yes: Dates of Operation	Number of Indoor or Outdoor Attractions
Facility Name: North Port Aquatic Center Street: 6205 W Price Blvd City, State, Zip: North Port, FL 34291 Facility Contact name: Trish Sturgess Email & Phone: psturgess@cityofnorthport.com 941-348-9951	1	3	0	No - waterpark is seasonal; competition pool is year- round. See notes in Opportunity for details.	Indoor: Outdoor: X Both:
Facility Name: Street: City, State, Zip: Facility Contact name: Email & Phone:					Indoor: Outdoor: Both:
Facility Name: Street: City, State, Zip: Facility Contact name: Email & Phone:					Indoor: Outdoor: Both:



Training Services Aquatic Examiner Service Agreement

Facility Name: Street: City, State, Zip: Facility Contact name: Email & Phone:					Indoor: Outdoor: Both:
Facility Name: Street: City, State, Zip: Facility Contact name: Email & Phone:					Indoor: Outdoor: Both:
Facility Name: Street: City, State, Zip: Facility Contact name: Email & Phone:					Indoor: Outdoor: Both:
Facility Name: Street: City, State, Zip: Facility Contact name: Email & Phone:					Indoor: Outdoor: Both:
Facility Name: Street: City, State, Zip: Facility Contact name: Email & Phone:					Indoor: Outdoor: Both:
Facility Name: Street: City, State, Zip: Facility Contact name: Email & Phone:					Indoor: Outdoor: Both:



Training Services Aquatic Examiner Service Agreement

Additional Services can be added as needed. Please contact your Red Cross representative as listed on Appendix A.