H&L Pool Management, LLC
Swimming Pool Management Bid Request Form

Location Information:

Facility Name:_____

Facility Address:_____ City:_____

State:_____ Zip Code:_____

Facility Type: *(check one)* ☐ HOA ☐ COA ☐ Country Club ☐ City

☐ Waterpark Other_____

Contact Information:

Name of Primary Contact:_____ Title:_____

Contact Phone Number:_____ Email:_____

Facility Information:

Pool(s): *(check all that apply)* ☐ Main Pool ☐ Wading Pool ☐ Spa/Hot Tub

☐ Splash pad Other_____

Attraction(s): *(check all that apply)* ☐ Water Slide(s) ☐ Diving Board(s)

☐ Play Structure(s) Other_____

Pool Open Date: (mm/dd/yyyy) _____

Pool Close Date: (mm/dd/yyyy)_____

Hours of operation:

Sundays:	open ____:____	AM	close____:____	PM
Mondays:	open ____:____	AM	close____:____	PM
Tuesdays:	open ____:____	AM	close____:____	PM
Wednesdays:	open ____:____	AM	close____:____	PM
Thursdays:	open ____:____	AM	close____:____	PM
Fridays:	open ____:____	AM	close____:____	PM
Saturdays:	open ____:____	AM	close____:____	PM

Holiday Hours of Operation:

Memorial Days:	open ____:____	AM	close____:____	PM
4th of July:	open ____:____	AM	close____:____	PM
Labor Day:	open ____:____	AM	close____:____	PM

Back-to-School Hours of Operation: *leave blank if not applicable*

School System:_____

Begin date: (mm/dd/yyyy)_____

Sundays:	open ____:____	AM	close____:____	PM
Mondays:	open ____:____	AM	close____:____	PM
Tuesdays:	open ____:____	AM	close____:____	PM
Wednesdays:	open ____:____	AM	close____:____	PM
Thursdays:	open ____:____	AM	close____:____	PM
Fridays:	open ____:____	AM	close____:____	PM
Saturdays:	open ____:____	AM	close____:____	PM

Lifeguards/Staff:

How many lifeguards are usually on duty at one time? _____
Are you open to additional lifeguard staff upon recommendation? _____
Are you interested in having a swim lesson program offered at your facility? _____

Other Information: _____