



REQUEST FOR PROPOSAL

Contact Name _____

Property Name _____

Street Address _____

Address Line 2 _____

City _____ Phone Number _____ ext. _____

County _____ Fax Number _____

Email _____

Facility Opening Date _____ Facility Closing Date _____

FACILITY HOURS					
MONDAY	OPEN FROM _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	UNTIL _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
TUESDAY	OPEN FROM _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	UNTIL _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
WEDNESDAY	OPEN FROM _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	UNTIL _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
THURSDAY	OPEN FROM _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	UNTIL _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
FRIDAY	OPEN FROM _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	UNTIL _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SATURDAY	OPEN FROM _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	UNTIL _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SUNDAY	OPEN FROM _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	UNTIL _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Who's responsible for summerization/winterization?

Elite Pool & Fitness Management Inc. or **Facility** or **N/A**

Who's responsible for chemicals?

Elite Pool & Fitness Management Inc. or **Facility** or **N/A**

Who is responsible for janitorial supplies?

Elite Pool & Fitness Management Inc. or **Facility** or **N/A**

Who would be responsible for paying for and staffing events?

Elite Pool & Fitness Management Inc. or **Facility** or **N/A**

If Elite Pool & Fitness Management, Inc. is responsible, please list events? _____

Number of Lifeguards and other staff on duty at one time during the week? _____

Number of Lifeguards and other staff on duty at one time during the weekend? _____

