



Pool Safely Campaign
 c/o Finn Partners
 PoolSafely@finnpartners.com

Date

**Application for Recognition as a
 Pool Safely Campaign Safety Leader**

Organization Information

Organization Name:	Street:
Contact Name/Title:	City, State, Zip:
Contact Phone:	Email:

Focus of Organization

<input type="checkbox"/> Drowning Prevention	<input type="checkbox"/> Water Safety	<input type="checkbox"/> Family/Children's Safety
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Qualifying Activities

<input type="checkbox"/> Press Release/Media	<input type="checkbox"/> Social Media Engagement	<input type="checkbox"/> Campaign Content Distribution
<input type="checkbox"/> Host Event Meeting	<input type="checkbox"/> Material Co-Branding	<input type="checkbox"/> Event Attendance Support
<input type="checkbox"/> Take the <i>Pool Safely</i> Pledge	<input type="checkbox"/> Other:	

Details

Description of Activity:

Audience Reached:

Link(s) to Activity:

Plans for Future Activity:

Acknowledgement

By signing this form, you confirm that your organization supports the U.S. Consumer Product Safety Commission's Pool Safely Campaign and has engaged in the level of activity required as a Campaign Safety Leader.

Contact Signature

Date