



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Community Official

Side 2: Please print each candidate's name and contact information legibly.

Date of Birth Y/M/D	Prerequisites Checked	Roles and Responsibilities									Result	
		1	2	3	4	5	6	7	8	9		
1												
Name												
Address												
City												
E-mail												
2												
Name												
Address												
City												
E-mail												
3												
Name												
Address												
City												
E-mail												
4												
Name												
Address												
City												
E-mail												
5												
Name												
Address												
City												
E-mail												
6												
Name												
Address												
City												
E-mail												

Check box if there are more candidates on the reverse side of this page. This test sheet is page \_\_\_ of \_\_\_ pages.

Satisfactory Performance      **F** Fail      Total Pass for Course       Total Fail for Course

**Instructor Information**

Instructor's Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Exam Information**

Exam Date: \_\_\_\_\_ YY MM DD

Facility name \_\_\_\_\_ Telephone \_\_\_\_\_

**Payment Information**

Exam fees attached       Exam fees not attached

Send invoice or receipt to \_\_\_\_\_ ( ) \_\_\_\_\_

Affiliate \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Awards information**

Awards issued by affiliate

Awards not issued

**Examiner Information**

Examiner's Name \_\_\_\_\_ ID # \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_



# Community Official

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	Date of Birth Y/M/D	Prerequisites Checked	Roles and Responsibilities									Result
			1	2	3	4	5	6	7	8	9	
			Marshall	Announcer	Timer	Runner	Ribbon Handler	Finish Judhe	Equipment Mover	Tabulator		
7 Name Sex M F Address City Postal code E-mail Telephone												
8 Name Sex M F Address City Postal code E-mail Telephone												
9 Name Sex M F Address City Postal code E-mail Telephone												
10 Name Sex M F Address City Postal code E-mail Telephone												
11 Name Sex M F Address City Postal code E-mail Telephone												
12 Name Sex M F Address City Postal code E-mail Telephone												

Check box if there are more candidates on the reverse side of this page. This test sheet is page \_\_\_ of \_\_\_ pages.
  Satisfactory Performance
  **F** Fail
 Total Pass for Course  Total Fail for Course

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E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Exam Information**

Exam Date: \_\_\_\_\_

YY MM DD

Facility name \_\_\_\_\_ Telephone \_\_\_\_\_

**Payment Information**

Exam fees attached  Exam fees not attached

Send invoice or receipt to \_\_\_\_\_

Affiliate \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Awards information**

Awards issued by affiliate  
 Awards not issued

**Examiner Information**

Examiner's Name \_\_\_\_\_ ID # \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_