



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												
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3												
Name												
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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

Side 1: Please print each candidate's name and contact information legibly.

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		1	2	3	4	5	6	7	8	9		
7												
Name												
Address												
City												
E-mail												
8												
Name												
Address												
City												
E-mail												
9												
Name												
Address												
City												
E-mail												
10												
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E-mail												
11												
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12												
Name												
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Satisfactory Performance **F** Fail Total Pass for Course Total Fail for Course

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YY MM DD

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Affiliate _____ Telephone _____

Address _____

City _____ Province _____ Postal Code _____

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Examiner Information

Examiner's Name _____ ID # _____

E-mail () _____

Telephone _____ Signature _____