<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>Postal Code</th>
<th>E-mail</th>
<th>Phone</th>
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Date of birth

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
<th>Prerequisites: Bronze Cross or NLS</th>
<th>Date earned:</th>
<th>Location:</th>
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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 Exam

Total Fail for Exam

Trainer information

Dates of Course

Trainer Name

ID#

E-mail Address

( )

Telephone

Signature

Payment information

☐ Course fees attached  ☐ Course fees not attached

Send invoice or receipt to:

Host name (Affiliate)  Telephone

Street Address

Awards information

☐ Awards issued by affiliate  ☐ Awards not issued

City

Prov.

Postal Code

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. Retain one copy for your records. Do not send cash by mail.
## Lifesaving/Swim Instructor/Advanced Instructor/Exam Standards Course Roster

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>Postal Code</th>
<th>Phone</th>
<th>Date earned</th>
<th>Location</th>
<th>Prerequisites: Lifesaving/Swim Instructor</th>
</tr>
</thead>
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</table>

Date of birth

Leadership System

Planning

Teaching Adults

Methods of Presentation

A/V Aids

Facilitating the Course

Evaluation Procedures

Guidelines for Apprentices

Society Programs

Policies and Procedures

### Payment Information

- [ ] Course fees attached
- [ ] Course fees not attached

Send invoice or receipt to:

- Host name (Affiliate)
- Telephone
- Street Address
- City
- Prov.
- Postal Code

### Awards Information

- [ ] Awards issued by affiliate
- [ ] Awards not issued

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