



FAR NORTH COAST BRANCH FACILITATED COURSE – CLUB NOMINATION FORM

COURSE:

CLUB:

DATE:

NAME	DOB	EMAIL	MOBILE	MEMBER ID # (from Surfguard)

I certify that the candidates nominated above are financial members of
have the required pre-requisites for the subject course.

Surf Club. All of the candidates

NAME:

SIGNATURE:

POSITION:

DATE: