



FAR NORTH COAST BRANCH FACILITATED COURSE – CLUB NOMINATION FORM

COURSE: UAVOIP

CLUB:

DATE:

NAME	DOB	EMAIL	MOBILE	MEMBER ID # (from Surfguard)	SLS Awards

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

Surf Club. All of the

NAME:

SIGNATURE:

POSITION:

DATE:

Please return completed forms to UAV@surflifesavingfnc.com two weeks prior to the course date.