

Swim Nova Scotia

5516 Spring Garden Road
Halifax, NS, B3J 1G6



Swimming Official Clinic Report			Position:					
Name	Address	Town	Prov.	Postal Code	Phone	Club	Gender	Date of Birth
Clinic Conducted by:			These persons have completed the clinic for this position to my satisfaction.					
Signature:			Date:					

Submit to: Lynn Sitland, Chairperson of Officials, P.O. Box 137, Hebron, NS B0W 1X0 phone 742-6289 fax 742-0156 doug.sitland@nscc.ca