

Swim Nova Scotia

5516 Spring Garden Road
Halifax, NS, B3J 1G6



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

Submit to: Swim Nova Scotia, 5516 Spring Garden Rd. 4th Floor, Halifax, N.S. B3J 1G6 swimming@sportnovascotia.ca (902) 425-5606 (fax)