SWIM NOVA SCOTIA
OFFICIALS CLINIC
REPORT FORM

CLINIC: _____

DATE: _____

CLINIC INSTRUCTOR: _____

SIGNATURE: _____

PARTICIPANTS:

NAME	CLUB	EMAIL ADDRESS

All participants must be fully registered with Swim Nova Scotia.

Please complete all fields and submit this form to the Swim Nova Scotia office: 5516 Spring Garden Rd. 4th Floor, Halifax, NS B3J 1G6 or fax: 902.425.5606 or email: swimming@sportnovascotia.ca