



SURF LIFE SAVING SOUTH COAST BRANCH

CARNIVAL NOMINATION FORM

SEASON 2016/17

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

SUBURB: _____ P/CODE: _____

PHONE(H): _____ (W): _____ (M): _____

EMAIL: _____ CLUB: _____

Please complete:

OFFICIAL ACCREDITATION: Junior L1 L2 L3

LICENSE NO. _____ EXPIRY: _____

PLEASE NOTE THAT YOU MUST BE A CURRENT FINANCIAL MEMBER OF A SURF CLUB TO OFFICIATE AT SLS CARNIVALS

PLEASE NOTE: INDICATE ON THE FOLLOWING PAGE WHAT CARNIVALS YOU ARE AVAILABLE TO ASSIST WITH.

*ONCE COMPLETE PLEASE RETURN BOTH PAGES ELECTRONICALLY TO SOUTH COAST DIRECTOR OF SURF SPORT
EMAIL dana.richards76@gmail.com*

CUT OFF DATES FOR EACH CARNIVAL WILL BE THE WEEK PRIOR TO CARNIVAL, SO PLANNING CAN TAKE PLACE.

PLEASE INDICATE YOUR PREFERRED AREA AND POSITION

	Kiama Junior Carnival 7/1/17	SCB Branch Championships 22/1/17	Mollymook Carnival 11/2/17	Pool Rescue Clinic/Carnival May 2017 (TBC)	SCB Branch Surf board Riding Championships June 2017 (TBC)
CARNIVAL REFEREE					
SECTIONAL REFEREE					
WATER SAFETY CO- ORDINATOR					
STARTER					
COURSE JUDGE					
CHIEF JUDGE					
JUDGE					
MARSHALL					
RECORDER					
CENTRAL ADMINISTRATION					
LIAISON OFFICER/ANNOUNCER					
AREA					
WATER – Please state 2 preferences AGE i.e. U10 water	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.
BEACH – Please state preferred area i.e. Sprint or Flags					
R & R					
March Past					
Pool Rescue Setter					
Surf board Age Judge Preference i.e. Opens					