



SURF LIFE SAVING SOUTH COAST BRANCH

CARNIVAL NOMINATION FORM

SEASON 2017/18

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](mailto: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 6/1/17	SCB Branch Championships 20/1/17	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.
	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				