

IRISH WATER SAFETY

CUMANN SÁBHÁILTEACHT UISCE

Date:

WATER SAFETY EXAMINATION RETURN

| Course held at: | _Town: | County: |
|-----------------|--------|---------|
| | | |

Head Office:

The Long Walk Galway Ireland

Tel: 353+91 56 44 00 Fax: 353+91 56 47 00 email: info@iws.ie website: www.iws.ie

Aquatics Pool Aquatics Name (Block Capitals) School Name Address M/F Assistant Organiser email Age Class Secretary: Examiner: ______BLOCK CAPITALS Name: SIGNATURE Address: Instructor:______BLOCK CAPITALS SIGNATURE email: ____ Return completed form to your certificate secretary.