



South Coast Surf Life Saving

BEACH SMART - SURF AWARENESS & BEACH SAFETY SCHOOL / COMMUNITY EDUCATION PROGRAM

EXPRESSION OF INTEREST

School / Community Group: _____

Contact Name(s): _____

Contact Phone: _____

Contact Fax: _____

Email: _____

Total number participating / classes: _____
(Detail which Class years please)

Total number of students / persons (_____)

Suitable dates:
Please list available Dates/Times in order of preference

1. _____
2. _____
3. _____
4. _____
5. _____

Please note that two presenters may be available for your school / group visit. Please indicate if your school / group have more than one suitable area for presentations to be conducted.

Yes / No

Please note: Presenters will require an area to use our Laptop, projector & screen.

*Thank you for registering your interest.
You will be contacted regarding confirmation
of program dates as soon as possible.*

Please fax to the South Coast Branch Office: 02 4422 8393

Email: scsls@bigpond.net.au

Web: www.southcoastbranch.com.au