



## Swim BC - Level IV Required Information

Name: \_\_\_\_\_

Club Code: \_\_\_\_\_

Mentor Name: \_\_\_\_\_

Level III Certification Date: \_\_\_\_\_  
*(YYYY-MM-DD)*

Min. of 5 session as Referee: \_\_\_\_\_  
*(Mentor signature)*

### Level 2 Clinic Co-conducted #1:

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<i>Date</i>	<i>Clinic Name</i>	<i>Co-taught with or Mentor Name</i>
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### Level 2 Clinic Co-conducted #2:

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<i>Date</i>	<i>Clinic Name</i>	<i>Co-taught with or Mentor Name</i>
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*This form must be submitted to your mentor when requesting your Formal Evaluation.*