

NAME—



## **Surf Lifesaving Review**

**Do you take part in Surf Lifesaving and want to collect hours? Complete this form to earn ten hours in your passport!!**

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**Club Name –**

**Address –**

**Supervisors Name –**

**Regular date/time –**

**Why did you choose to do surf lifesaving?**

**What responsibilities do you have? Which one do you enjoy the most?**

**What areas of surf lifesaving would you like to improve in the future?**

## Surf Lifesaving Review

**Complete the following table for ten weeks**

Date	Time	What I learned today

**Paste at least two photos of you at your surf lifesaving club**

***Complete this form and return it to your school CUA Coordinator to earn ten hours in your Passport to Learning. Limit of ten hours per activity per year.***