



LIFESAVING SOCIETY®  
*The Lifeguarding Experts*

# BOAT OPERATOR ACCREDITED TRAINING

## Instructor Roster Sheet

**This roster sheet is to be completed every time that you submit Candidate Records.** Once the Lifesaving Society receives this paperwork, your refill B.O.A.T. resources will be mailed to the address that you provide below. Remember to call (709) 576-1953 before you teach, so that we can help advertise your courses to the public and on our website [www.lifesavingnl.ca](http://www.lifesavingnl.ca)

Course date(s): \_\_\_\_\_ Hour(s) taught? \_\_\_\_\_

Where (e.g. facility) taught? \_\_\_\_\_

Charged per candidate? (internal use only): \$ \_\_\_\_\_

Number of candidates in course? \_\_\_\_\_ Number of Challenge tests administered? \_\_\_\_\_

Total candidates certified: \_\_\_\_\_ (x \$17.00 + HST)

I wish to purchase \_\_\_\_\_ (x \$ 12.00 + GST) B.O.A.T. Study Guides \_\_\_\_\_ Tests and Answer Keys \$6.00 master set of three; \$60.00 set of 10 \_\_\_\_\_

Total enclosed: \_\_\_\_\_

**Did you also remember to enclose:**

1. The completed candidate test sheets and course evaluations for the number of candidates stated above (total)?
2. The registration fees for all candidates and for the ordered B.O.A.T. Study Guides?
3. Your comments below and your mailing address?

**B.O.A.T. Instructor Comments**

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

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Instructor ID: \_\_\_\_\_

- I intend to teach another course. What is the anticipated course date? \_\_\_\_\_
- I will not be teaching any more B.O.A.T. courses. I will be returning all copies of the tests to the Lifesaving Society.
- I will not be teaching any more B.O.A.T. courses. I will be destroying all copies of my tests.