



Training Request Form

COURSE NAME: _____

NAME: _____

ADDRESS: _____

PHONE CONTACT NO: _____

EMAIL: _____

Signed: _____

Date: _____

Are you a financial member of BHMP SLSC

YES

NO

All course participants must be financial members of the club,
if not, please contact our Administration Office for details.

**Burleigh Heads Mowbray Park
Surf Life Saving Club
PO Box 157**

**Burleigh Heads Qld 4220
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