



LIFESAVING SOCIETY

The Lifeguarding Experts

# Bronze Star

(Revised 2020)

Side 1: Please record each candidate's name, and contact information accurately.

Date of birth	The Lifesaving Society											Result				
	1	2a	2b	3	4a	4b	4c	5a	5b	6	7a		7b	7c	8	9
1																
Name																
Address																
City																
Postal Code																
E-mail																
Phone																
2																
Name																
Address																
City																
Postal Code																
E-mail																
Phone																
3																
Name																
Address																
City																
Postal Code																
E-mail																
Phone																
4																
Name																
Address																
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Postal Code																
E-mail																
Phone																
5																
Name																
Address																
City																
Postal Code																
E-mail																
Phone																
6																
Name																
Address																
City																
Postal Code																
E-mail																
Phone																

☐

Check box if there are more candidates on the reverse side of this page.

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- Satisfactory Performance



- Fail

Total Pass  
for Exam

Total Fail  
for Exam

## Invoicing Information

( )  
Host name (Affiliate or Organization paying the exam fees) Telephone  
Street address  
City Prov. Postal code

## Exam Information

Exam date: YY MM DD  
( )  
Facility name (e.g., name of pool) Telephone

## Instructor Information

Instructor's name ID#  
E-mail address ( )  
Telephone Signature

## Individual who examined the candidates

Same as Instructor ☐ or

Examiner's name ID#  
E-mail address ( )  
Telephone Signature



LIFESAVING SOCIETY

The Lifeguarding Experts

# Bronze Star

(Revised 2020)

Side 2: Please record each candidate's name, and contact information accurately.

Date of birth	The Lifesaving Society											Result				
	1	2a	2b	3	4a	4b	4c	5a	5b	6	7a					
7																
Name																
Address																
City																
Postal Code																
E-mail																
Phone																
8																
Name																
Address																
City																
Postal Code																
E-mail																
Phone																
9																
Name																
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City																
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11																
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City																
Postal Code																
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City																
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13																
Name																
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City																
Postal Code																
E-mail																
Phone																

<input type="checkbox"/> Check box if there are more candidates on the reverse side of this page.	<input checked="" type="checkbox"/> - Satisfactory Performance	<input type="checkbox"/> - Fail	Total Pass for Exam		Total Fail for Exam	
This is Page	of	Pages.				

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

<b>Invoicing Information</b>	<b>Individual who examined the candidates</b>
Host name (Affiliate or Organization paying the exam fees)	Same as Side 1 <input type="checkbox"/> (sign below) or
	Examiner's name ID#
<b>Exam Information</b>	E-mail address
Exam date: YY MM DD	( )
	Telephone Signature