



BC Sailing High School Credit Application

Name _____
Address _____
City _____ Prov. _____
Postal Code _____ Email _____
Phone _____
Birth date _____

Please circle the one you are applying for

Athletic 10 11 12

Officials 10 11 12

Coach 11 12

Details on Qualifications: (Please attached separate sheet if needed)

Please return this form to: Tine-Moberg Parker – Executive Director

#195-3820 Cessna Drive

Richmond BC V7B 0A2

Fax: 604-333-3626 E-mail: tmpsailing@shaw.ca