



## 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)

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**Please return this form to: Executive Director**  
**#195-3820 Cessna Drive**  
**Richmond BC V7B 0A2**  
**Fax: 604-333-3626 E-mail: crew@bcsailing.bc.ca**