

Pack Swim Test Roster

Please note that the camp reserves the right to re-test anyone whose swimming ability appears inconsistent with their performance on a previous swim test.

Pack Number _____ Date of Swim Test _____ Location of Swim Test _____

	Name	Swim Classification Non-Swimmer / Beginner / Swimmer
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Name of Person Conducting Test _____

Signature _____

Certification Held _____