CAMP BUFFALO PRE-CAMP SWIMMING CERTIFICATION

Troop _____ Date of Swim Test _____

(must be within the last year)

NAME	NON-SWIMMER	BEGINNING	SWIMMER

Scoutmaster Signature _____

Committee Chair Signature _____

Certifying Official Signature _____

Certification Agency (i.e. Red Cross, BSA) _____

Date of Certification _____