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| **Club Name:** |  |  | **Exam Date:** |  |
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| **Complete before Examination** | | | | | | **Complete after Examination** | | |
| Name | SLSNZ# | Email Address | Award Type | Reader / Writer Required? | Workbook Checked? | Pass / Retest | Entered on SLSNZ database | Certificate issued  DD/MM/YY |
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| ***Examiner in Charge (EiC) to complete at exam:*** | | | ***Club to complete with above registration:*** | | ***EiC to complete at exam:*** |
| **Examiner in Charge:** |  |  | **Club Instructors Attending:** | **SLSNZ #** | **Attended? Y/N** |
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| *printed name* | *signature* |  |  |  |
| **Chief Examiner:** |  |  |  |  |  |
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| *printed name* | *signature* |  |  |  |