



E7 Cornerstone Conclave

Pre-Event Swim Test

I certify that the Arrowmen listed below completed the BSA Swim test according to the Safe Swim Defense Program prior to our arrival at camp.

Lodge _____ Lodge Adviser _____

Date of Swim Check _____ Certifying Lifeguard _____

Type of Certification _____ Exp. Date _____

Scouts Name	Date of Test	Non-Swimmer	Beginner	Swimmer

Submit this form by the Council of Chiefs Meeting, Friday Evening of Conclave.

THIS FORM IS FOR OA LODGES ONLY