



IAFF FIT TO THRIVE 101: FITNESS PRINCIPLES AND PRACTICE COURSE REQUEST FORM

Please complete this form to host the F2T 101: Fitness Principles and Practice course. Attendees who successfully complete the course will be awarded the designation of Peer Fitness Trainer. This form must be signed by the president of an IAFF affiliate and submitted alongside all other supporting documentation **HERE**.

| | | | | |
|---|----|---|--|------------------|
| Entity requesting the course | | | | |
| Entity name: | | IAFF Local #: | | |
| Designate a point of contact to be responsible for all logistics and coordination with the IAFF | | | | |
| First Name: | | Last Name: | | Title: |
| Phone: | | Email: | | Organization: |
| What entity (ex: Local, Municipality) will pay for the course? | | | | |
| Entity Name: | | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| City: | | State/Province: | | Zip/Postal Code: |
| Preferred Payment Method: Credit Card Cheque Purchase Order EFT | | | | |
| Equipment Exemptions (Click HERE for more details) | | | | |
| We will be requesting an equipment exemption | | | | |
| We will NOT be requesting an equipment exemption | | | | |
| Participants from other Locals | | | | |
| Yes | No | Do you want the IAFF's assistance in filling your course? | | |
| Yes | No | Is the IAFF able to add people into your course? | | |
| The course will take place at the following address (if exact address is unknown, write the city and state/province) | | | | |
| Location Name: | | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| City: | | State/Province: | | Zip Code: |
| To whom should equipment/materials be shipped prior to the course? | | | | |
| Name: | | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| City: | | State/Province: | | Zip Code: |

IAFF Affiliate President Name (please print): _____

Signature: _____

Date: _____