



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				
Course Equipment (Select all that apply)				
<input type="checkbox"/> We will purchasing our own equipment (documentation required)			<input type="checkbox"/> We possess equipment and will be applying for an exemption (documentation required)	
<input type="checkbox"/> We would like the IAFF's assistance in purchasing equipment				
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: _____