



Manitoba 4-H Council Inc. First-Aid Completion Verification

I _____ am the qualified first-aid representative for _____.
[your name] [Club Name]

I completed first-aid training offered by _____ on _____.
[name of organization] [day/month/year]

Submit this form and a copy of the certificate of completion to Manitoba 4-H Council

- by mail: 1129 Queens Avenue Brandon R7A 1L9
- by fax: 204-728-9040 or
- by scan/email: srobbins@4h.mb.ca

This opportunity is available for the 2019-20 4-H year until **June 30, 2020**.
When this form and a copy of the certificate are received by Manitoba 4-H Council, a partial reimbursement of \$50.00 will be sent to the club or individual who paid the registration.
Claims for reimbursement must be received before **August 31, 2020**.

Reimbursement cheque to be paid to:

Name of individual or club _____

Street/Site/Comp/Group _____

PO Box/Apt/RR _____

City/Town _____

Postal Code _____

Thank you for your commitment to 4-H Manitoba.