

Manitoba 4-H Council Inc. (M4HC) First-Aid Completion Verification

M4HC has approved a partial reimbursement for First-Aid Training in the amount of \$50.00 for the 2024-2025 year.

All claims for reimbursement must be received before August 31, 2025.

I hereby state that I am the qualified first-aid representative for the stated 4-H Club, and have completed first-aid training as identified below:

,	•				
Name					
Club Name					
Training Facility					
Date Completed					
ertificate of comple	tion to M 658 U 204-7	ment, complete the inforn 14HC Jnit A 10 th Street Brandon 728-9040 or Is <u>@4h.mb.ca</u>		ubmit this form with a	copy of the
Reim	bursen	nent to be issued to	the Person or	Club identified be	low:
Name of Individual or Club					
Mailing Address					
City/Town				Postal Code	
Amount of Reimbursement Req			quested	\$50.00/person	\$
	nation a	n Certificate enclosed/attached (list)		-H Manitoba.	
For M4	HC Use C	Only			
Date Tr	aining En	ntered in Database			
Paid by	Cheque	No.			