



**IAFF FIT TO THRIVE 101: FITNESS PRINCIPLES AND PRACTICE**

Please complete this form to request the F2T 101: Fitness Principles and Practice course. This course will certify participants as IAFF F2T Peer Fitness Trainers (PFT). This form must be signed by the president of an IAFF affiliate. Email the completed form to F2T@IAFF.ORG.

|  |                 |               |        |
|--|-----------------|---------------|--------|
| <b>Entity requesting the training</b>  |                 |               |        |
| Entity name:   |                 | IAFF Local #: |        |
| <b>Designate a point of contact to be responsible for all logistics and coordination with the IAFF.</b>  |                 |               |        |
| First Name:  | Last Name:      | Title:        |        |
| Phone:   | Email:          | Organization: |        |
| <b>Payment Information: What entity (ex: Local, Municipality) will pay for the training?</b>   |                 |               |        |
| Entity Name:   |                 |               |        |
| Address Line 1:  |                 |               |        |
| Address Line 2:  |                 |               |        |
| City:  | State/Province: | Zip Code:     |        |
| <b>The IAFF Peer Fitness Trainer Course is 32 hours on four consecutive weekdays. Requested dates are not guaranteed. The following dates would work for us (leave at least three months lead time):</b> |                 |               |        |
|  |                 |               |        |
| <b>Choose a training time:</b>   |                 |               |        |
| 7:30am-4:30pm  | 8:00am-5:00pm   | 8:30am-5:30pm | Other: |
| <b>The training will take place at the following address (if exact address has not been determined, write the city and state/province):</b>  |                 |               |        |
| Location Name:   |                 |               |        |
| Address Line 1:  |                 |               |        |
| Address Line 2:  |                 |               |        |
| City:  | State/Province: | Zip Code:     |        |
| <b>To whom should equipment/materials be shipped prior to the training?</b>  |                 |               |        |
| Name:  |                 |               |        |
| Address Line 1:  |                 |               |        |
| Address Line 2:  |                 |               |        |
| City:  | State/Province: | Zip Code:     |        |

IAFF Affiliate President Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_