

RENEWAL YEAR _____
I.S.K.F. INSTRUCTOR TRAINEE INSTITUTE

TO: I.S.K.F. Instructor Trainee Institute

I wish to renew as a part-time trainee.

Name _____
last first middle

Address _____
number/p.o. box street city

_____ **Manitoba** _____ **Canada** _____
province country postal code

Trainee Number _____

Initiation Year _____

Chief Instructor _____

Instructor _____

Technical Vice-Chairman _____

Please find enclosed **\$80'\$\$'I G'7i ffYbWn**

Dated: _____ signed: _____