



**Professional fees related to participants – sub- contracting.**

Name of Official \_\_\_\_\_  
Position of Official \_\_\_\_\_  
Company's Name \_\_\_\_\_  
Company's Address \_\_\_\_\_  
City, State, and Postal Code \_\_\_\_\_

DATE \_\_\_\_\_

**RE: Opportunity for Training**

Dear Volunteer Bénévoles Yukon Society:

This letter is a formal request for you to consider allowing \_\_\_\_\_ to take an additional training in

First Aid

WHMIS

Pro Serve

Other Exposure courses \_\_\_\_\_

The cost of the training is (up to \$252.00) \$ \_\_\_\_\_

The training will take place at \_\_\_\_\_

The outcomes of this training are \_\_\_\_\_

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**Manager`s signature** \_\_\_\_\_

Date\_\_\_\_\_

**Approved on behalf of VBY** \_\_\_\_\_

Date\_\_\_\_\_

