Form #LF-A-09

LIGHT FOOT Militia Recommended Training Record

updated: 18Jul20	16
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NAME (Last, First, Middle):			
Date of Birth (MM/DD/YYYY):	Unit:		
Training Suggested -			
Course Title:	Potential Dates:		
Information:			
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Information:			
Course Title:	Potential Dates:		
Information:			
I, the undersigned, do hereby certify tha	t the above is true in as far	as I am aware.	
Militiaman's Signature:		DATE:	
Witnessing Officer's Signature:		DATF:	