

Norwegian Cultural Skills Program

Mentor Track Report

Name _____ Lodge Name & No. _____

Complete Mailing Address _____

E-mail address _____ Tel No. () _____ S/N Membership No. _____
(required)

I have completed level # _____ of the _____/Mentor Track by assisting the individuals listed below
to level _____ of _____.
(skill name)

These people have sent in their reports to the Norwegian Cultural Skills Program.

Name	Address

Have you complete cultural skills categories before? Yes No If yes, please specify _____

This report is for (check one) Level 1 Level 2 Level 3

Applicant's Signature

Date

Lodge Cultural/Social Director or designated person's Signature

Date

S/N Headquarter's Signature

Date

Specialist Track

- Minimum of five individuals for level one
- Minimum of three individuals for level two
- Minimum of one individuals for level three

**Send completed form to: Sons of Norway Headquarters; Cultural Skills Program;
1455 West Lake Street, Minneapolis, MN 55408-266**