

WV Public Service Training Class Request Form

*Class Name: _____

*Location of Class: _____

*City: _____

*County: _____

*Dates: _____

*Days of the Week: _____

*Meeting Times: _____

Instructor(s): _____

Course Hours: _____

*Requesting Agency & Address: _____

NOTE: Minimum enrollment of 15 is required; should attendance drop below this, the class may be cancelled if the requesting agency is unable or unwilling to pick up the cost of the class at that time

*Name of person making request: _____

*How may we contact you? Telephone: _____

E-Mail: _____

*Class Contact Person: _____

*Telephone Number(s): _____

*E-Mail Address: _____

Comments: _____

***DENOTES REQUIRED ITEMS.**

Submit the completed request form to:

WV Public Service Training, PO Box 40 Bridgeport, WV 26330

FAX: 304-622-6138

Email: jmfreema@k12.wv.us