

# WVPST Training Request

Class Name: \_\_\_\_\_

Location of Class: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Dates: \_\_\_\_\_

Days of the Week: \_\_\_\_\_

Meeting Times: \_\_\_\_\_

Instructors Requested: \_\_\_\_\_

Course Hours: \_\_\_\_\_

Requesting Agency and Address: \_\_\_\_\_

**Note:** A minimum enrollment of 10 is required; should attendance drop below this, the class may be canceled 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: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit the completed request form to:

[Larry.helms@wvesc.org](mailto:Larry.helms@wvesc.org)

or mail to:

WVPST-Wheeling  
C/O WVNCC Wheeling Campus  
1704 Market St. Room 405  
Wheeling WV 26003