



CALIFORNIA'S
VALUED TRUST



This form must be completed by the person requesting training.

First Name _____

Last Name _____

Preferred method for contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone
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Title _____

Name of School District _____

If member, what position do you hold at the district? _____

Chapter Name (if, applicable) _____ Chapter # _____

Billing Street Address _____

City _____ State _____ Zip _____

Phone Number (with extension) _____ Fax Number _____

Email Address _____

Training Location Name/Address:

In what room will the training take place?

Library Classroom District Office Board/Conference Room Other _____

Please list your choice of trainings.

Note: Please allow an additional 30 minutes to set up.

1.
2.
3.

What is your first choice for training date? _____

What is your second choice for training date? _____

Preferred start time? _____

Are you requesting more than one date? Yes No

Number of participants? _____

1. Why are you requesting this training?

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2. Is this part of a larger event? If yes, what is the name of the event? Who is the event for?

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3. List classification titles of participants attending this training.

4. Have you requested this training or any other trainings in the past? If yes, when and which one?

5. What outcome are you hoping to achieve by providing this training?

6. Please list questions you'd like to have answered.

The following requirements are the responsibility of the requestor for every training:

- LCD projector
- Flip chart paper
- Microphone
- Screen
- Speakers
- Tables—rounds of six–eight

Roster:

- Provide roster with first name, last name and email addresses of attendees in excel format one week prior to training (no PDFs)

Please **return this form** to the CVT staff member listed in the email correspondence or to fitforlife@cvtrust.org.