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# Training Request Form

**INSTRUCTIONS:** Please use this form for each training using Custom Fit funding. ***Please submit this form ASAP. Form must be reviewed PRIOR to the beginning of your training*** in order to generate a training agreement and receive approval. If not received prior to training, your request will be denied.

## All Sections Must Be Complete

<b>Your Company Name:</b>				
<b>Title of Training</b>		<b>Instructor</b>	<b>Location</b>	<b>Cost per Person</b> \$
				<b>Quoted total cost of training</b> \$
<b>Start Date</b>	<b>End Date</b>	<b>Start Time</b>	<b>End Time</b>	<b>Total Training Hours</b>
/ /	/ /			
Which area of business do you hope the above training will improve? <input type="checkbox"/> Growth <input type="checkbox"/> Productivity <input type="checkbox"/> Competitive Edge				
Please list each person from your company who will be attending this training <input type="checkbox"/> Will submit list prior to training				
<b>First Name</b>	<b>Last Name</b>		<b>Last 4 of Social</b>	