

# Isle of Wight Volunteer Rescue Squad

## Training Room Request Form

**\*\*Request Form must be filed out at least 30 days prior to desire date\*\***

Date: \_\_\_\_\_ Requestor: \_\_\_\_\_

Training Event: \_\_\_\_\_

\_\_\_\_\_

Organization Requesting: \_\_\_\_\_

Your Relationship to Organization: \_\_\_\_\_

Will you be present at this event: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Proposed Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Proposed Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

How many people will be attending: \_\_\_\_\_

Please return to:  
jbriancarroll@gmail.com