



**TRAINING REQUEST**

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

School: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School Contact: \_\_\_\_\_

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

**Program Request:**

- High School                      Enrollment: \_\_\_\_\_ Number of Assemblies: \_\_\_\_\_
- Middle School                      Enrollment: \_\_\_\_\_ Number of Assemblies: \_\_\_\_\_
- Parent                                      Approximate Attendance: \_\_\_\_\_

Time of day: Student Assembly: \_\_\_\_\_ Parent Assembly: \_\_\_\_\_

Suggested Dates (Please provide 3 if possible and give 2 weeks before the first date.

If you do have a need that is less than two weeks out, please contact Jennifer Watson directly so we may see what options we have to meet your date.):

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Requested by: \_\_\_\_\_

**Please email, mail or fax to:**  
**Jennifer Watson**  
**Kentucky Child Now**  
**1491 Twilight Trail Frankfort, KY 40601**  
**Tel: 502-227-7722      Fax: 502-227-1721**  
**jenniferwatson@kychildnow.org**