



Course Request Form

Contact Information

Full Name	<input type="text"/>			
Title / Position	<input type="text"/>			
Department / Agency / Organization	<input type="text"/>			
Email Address	<input type="text"/>			
Phone Number	<input type="text"/>			
Preferred Contact Method	<table><tr><td>Email</td><td>Phone</td><td>Text</td></tr></table>	Email	Phone	Text
Email	Phone	Text		

Course Details

Course Requested	<input type="text"/>				
Estimated Number of Students	<input type="text"/>				
Student Type	<table><tr><td>Career</td><td>Volunteer</td><td>Both</td><td>Other: <input type="text"/></td></tr></table>	Career	Volunteer	Both	Other: <input type="text"/>
Career	Volunteer	Both	Other: <input type="text"/>		

Scheduling

Preferred Date Range (Start – End)	<input type="text"/>				
Alternate Date Range (optional)	<input type="text"/>				
Preferred Time	<table><tr><td>Weekday</td><td>Weekend</td><td>Nights</td><td>Combination</td></tr></table>	Weekday	Weekend	Nights	Combination
Weekday	Weekend	Nights	Combination		

Location & Hosting

Training Location (City, State)	<input type="text"/>			
Host Site Available?	<table><tr><td>Yes</td><td>No</td><td>Not Sure</td></tr></table>	Yes	No	Not Sure
Yes	No	Not Sure		
If Yes, Host Site Address	<input type="text"/>			

Facilities Available (check all that apply)

Classroom seating	Projector / TV
Whiteboard	Restrooms
Outdoor training area	Live fire capabilities (if applicable)
Other:	<input type="text"/>



Course Request Form (continued)

Additional Information

Notes / Special Requests

Supporting Documents

Attach supporting documents when emailing this form (e.g., approval letters, facility photos, roster estimates).

Submission Instructions

Please send this completed form to **office.wtrft@gmail.com** for review. Our staff will follow up with you regarding availability, scheduling, and next steps.