



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	Email	Phone	Text

Course Details

Course Requested	<input type="text"/>		
Estimated Number of Students	<input type="text"/>		
Student Type	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	Weekday	Weekend	Nights
			Combination

Location & Hosting

Training Location (City, State)	<input type="text"/>		
Host Site Available?	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.