



WASC Training Request Form



Name (the 'Receiver') :

Age (if under 18) :

Years of Membership :

Email address :

What training is required :

Why do you want the training :

Committee Member (the 'Sponsor') :

Signature :

Date :

I have read the WASC Training Policy.

I understand and agree to the terms that any funding for training is given.

Signature :

Date :

Parent/Guardian Signature :

Date :

Committee Decision : Yes / No (please delete as appropriate)

Reasons for Decision :