



REQUEST FOR SERVICES FORM

Date _____

Name of Person Requesting Service _____

Name of School/Organization _____

Phone Number _____ E-mail _____

Please select from the following options:

Service Type

() One-time Presentation () Groups () Booth/Table () Other _____

Target Audience

() Children 12 and younger () Teens () Parents () Other _____

Approximate number of participants Topic Requested _____

Please provide additional details about the service requested below:

| | |
|-----------------------|-----------------------|
| | |
| | |
| | |
| Proposed Date: | Proposed Time: |

Submit to: Email: kcave@aikenyouthempowerment.org Fax: (803) 641-4161

FOR OFFICE USE ONLY

Service Requested: ____ Approved ____ Declined (if the request was declined, please indicate why below)

Date Form Received _____ Processed by _____