



## REQUEST FOR SERVICES FORM

Date \_\_\_\_\_

Name of Person Requesting Service \_\_\_\_\_

Name of School/Organization \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

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*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:**

<b>Proposed Date:</b>	<b>Proposed Time:</b>

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

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### FOR OFFICE USE ONLY

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

Date Form Received \_\_\_\_\_ Processed by \_\_\_\_\_