



CHARLOTTESVILLE-ALBEMARLE
RESCUE SQUAD



REQUEST FOR TRAINING FUNDS

(Read & Follow CARS SOG 1.55 Training Funds)

Name: _____ Status: _____

Requested Class: _____ Date(s) of Class: _____

Location of Class: _____

(attach copy of class outline or brochure to this request)

Tuition Requested: \$ _____ Name and address for payment:
(Note: itemize if possible)

Lodging Requested: \$ _____ Name and address for payment:
(Note: The policy has been that the squad
will pay 1/2 of the cost of the room and tax)

Date received: _____

BOD Action Date: _____

_____ Approved; \$ _____ Tuition; \$ _____ Lodging