



CHARLOTTESVILLE-ALBEMARLE
RESCUE SQUAD



Alternate Training Request Form

Name: _____

Date of missed meeting: _____

Reason for absence:

Form of alternate training (i.e. video): _____

Date of alternate training: _____

Signature: _____

Date: _____

Please complete this form and place in the **Secretary's** mailbox BEFORE the following month's general business meeting (2nd Tuesday of the month, 19:00 hrs.)

Revision Date: January 29, 2016