



# GWRRA University North Carolina Training Request Form



Fields with red border required

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Chapter \_\_\_\_\_

Email \_\_\_\_\_ Chapter Position \_\_\_\_\_

Training Requested \_\_\_\_\_

First Choice Date \_\_\_\_\_ Alternate Date \_\_\_\_\_

Location \_\_\_\_\_

Additional Information ( other chapters invited, etc.)

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Please fill out and send to the North Carolina District University Coordinator

Carol Scully  
119 Braid Ct.  
Raleigh, NC 27603  
919.271.3769

or save as a file and email to: [ncdistricttrainer@gmail.com](mailto:ncdistricttrainer@gmail.com)