



**Request for Training/ Facilitation- Submit this form to [nwhaley@azsba.org](mailto:nwhaley@azsba.org)**

**District Information**

District: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Training Type:

- Roles &
- Responsibilities     Team Transitions     Effective Board Meetings     Strategic Planning
- Open Meeting    Board
- Law     Self-Evaluation     Facilitation Services     Other

Proposed Date(s): \_\_\_\_\_

Participants to Include: \_\_\_\_\_

Additional Comments:

**To Be Completed By ASBA**

Training Type: \_\_\_\_\_ Confirmed Training Date(s): \_\_\_\_\_

Presenter Assigned:

Training Cost Estimate:

Authorizing District Staff:

*Attach Email Confirmation*

Notes: