

REQUEST FOR TRAINING

Date of Request:

Type of Request:

Company/Local Union/Organization Name:

Contact Person:

Phone Number:

E-mail:

1.

Class Name:

Location:

Desired Dates:

Number of Participants:

Desired Dates:

Lunch needed:

Are there any Management or Non-Signatory Participants?

Comments:

2.

Class Name:

Location:

Desired Dates:

Number of Participants:

Desired Dates:

Lunch needed:

Are there any Management or Non-Signatory Participants?

Comments:

A Laborers Training School staff representative will contact you within 24 hours of this request

For any questions regarding the training schedule, please feel free to visit our training calendars on www.laborerstrainingschool.com or contact the Field Superintendent: (626) 610-1700