

Training Request Form

<u>E-mail this form to</u> mcfacinfo@gmail.com or wmbrown@mcfac.net

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		or
Date of Request		<u>Please fax this form</u>
Financial Boot Camp Coordinator		Fax - 662-887-377
Type of Training Requested		
5 Week Financial E	ducation Boot Camp	
Credit/Student Loan	1	
Financial Education		
	for Military personnel and familie	28
Homeownership Ed	• 1	
Homeownership Ed		
Financial Education		
Other Financial/Cor	sumer Education (specify type)	
Date/time requested:	ek financial education boot camp, please	list 5 consecutive datas)
		·
Company requesting:		
Contact Name:		
Address:		
Telephone:	Email:	
Proposed Training Site:		
Address:		
	different from the name listed above, plea	ase provide contact information)
Primary Contact Name(s):		-
Telephone Number:	E-mail:	
• All sites must accommodate clas	s room style seating and area for refre	eshments if required.
	ity? (check one) Yes	
	ctor and/or Screen? (check one)	
•	articipants? (check one)	
List any resources or services to be offe	-	
	5 1	
• If you anticipate over 40 individuals	s, please contact either the Program Di	rector or one of the Financial Education
Coordinators. Contact information i		
• Minimum number of participants 25	5 - prefer at least 30-35 registrations.	
	ALL QUESTIONS AND REQUES	
	ommunity Financial Access Coalition	
William M. Brown	Latah Holloway	Clifton Williams
(o) 662-887-4852, ext.114 (f) 662-887-3773	(o) 662-887-4852, ext. 112 (f) 662-887-3773	Guaranty Bank & Trust Co. (0) 662-247-5238
(f) 662-887-3773 wmbrown@mcfac.net	(1) 662-887-5775 mcfacinfo@gmail.com	(0) 662-247-5238 clifton.williams@gbtonline.com
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Drs	For Office Use Only	
ed trainer (s)		
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