



APPLICATION FOR TRAINING

Name _____ Title of Training _____

_____ Sponsored by _____

_____ Date(s) _____

Registration Deadline _____ Description on Training _____

Personal Objective _____

Benefit to South Stormont _____

Registration Fee \$ _____

In applying for permission to attend this training, I understand and will comply with all relevant SSMHA policies and procedures.

I understand that without signed approval to attend training by the President or alternate any training I attend will be at my expense.

Signature _____ Date _____

Received by _____ Date _____

Comments: _____

Approved by _____ Date _____

(President or Alternate)

president@southstormontselects.com use subject line

*****TRAINING***** in email