

**CONNECTICUT AFTER SCHOOL NETWORK**  
**TRAINING SERVICE WORKSHOP RESERVATION FORM**

**CONTACT INFORMATION:**

Program Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**WORKSHOP(S) REQUESTED:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location address for workshop: \_\_\_\_\_

Number of staff expected at workshop: \_\_\_\_\_

Age of children with whom they work: \_\_\_\_\_

You will receive an email confirmation once the form is received at our office. A month's notice for workshop requests is appreciated.

IF YOU HAVE QUESTIONS, CONTACT THE NETWORK OFFICE BY PHONE 203-483-1846 OR EMAIL  
INFO@CTAFTERSCHOOLNETWORK.ORG