

SUBJECT: Financial Readiness Program (FRP) Class Request Form

ATTN: FORT CARSON

1. Unit/Agency Requesting Training: _____

Type of Class (Specify): _____

Class Objective (Specify): _____

Date class needed: _____

Start Time: _____ End Time: _____

Location: _____

How many personnel will be attending (min 25 PAX): _____

2. Is Audio/Visual Equipment available: YES _____ NO _____

3. POC for this training is _____ Email: _____

Work phone # _____ cell phone# _____

4. Alt POC for this training is _____ Email: _____

Work phone # _____ cell phone# _____

*****If class is not confirmed with the instructor 24 hours prior to class date by the POC, the class will have to be rescheduled.*****

For Fort Carson POC:

For FRP Use:

Date request received: _____

Class scheduled by: _____

Instructor's name: _____

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