

## **Vestals Gap Ventures, LLC**

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### **Request for Services 2023**

Please complete this form and return it by e-mail or fax no later than July 26. Thanks for your help!

Organization Name:	
Contact Person:	E-mail:
Winter mailing address:	
Phone:	Cell phone:
Summer mailing address:	
Phone:	Cell phone:

#### **Inspection, Maintenance and Repairs, Construction**

<input type="checkbox"/> Please sign me up for a course inspection. Completion date requested (if different from '22):
<input type="checkbox"/> I'm interested in adding the following new elements:
<input type="checkbox"/> Please schedule the following course repairs and upgrades:
<input type="checkbox"/> Please provide the following equipment or supplies:

#### **Training**

<input type="checkbox"/> I would like to enroll instructor candidate(s) in the Vestals Gap Ventures Instructor Training Program held near Northern Virginia. Please enter the number of instructor candidates below: _____ August 28-29 (low)    _____ Aug. 30-Sept. 1 (high)    _____ Aug 25 (supervisor) *If taking Low and High training in consecutive sessions, an ACCT Level I Certification can be earned.
<i>You do not need to fill out this section if you have already sent us your training date request.</i> <input type="checkbox"/> Please provide a customized Vestals Gap Ventures Instructor Training Program at my site for approximately _____ (number) instructor candidates. Date(s) I would like to request: