

Vestals Gap Ventures, LLC

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540-668-6699
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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

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|--|
| <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

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|---|
| <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: |