

**Workshop Request Form**

This form is fillable using word. Digital forms can be emailed to [svworkshops@engr.uvic.ca](mailto:svworkshops@engr.uvic.ca). Printed forms can be faxed to 250-721-8676.

|  |  |
| --- | --- |
| **School:** | School Phone: |
| School Address: | Primary Contact: |
| School Fax: | Contact Email: |
| Bell Schedule:  **Start**:        **AM Recess**:       -       **Lunch**:       -       **PM Recess**:       -       **End**: | |

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| **Preferred Workshop Date:**  Alternative Date(s): |

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| --- | --- | --- | --- | --- |
| **Workshop Requested** | **Teacher’s Name** | **Grade** | **# of**  **Students** | **Room #** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
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| 14. |  |  |  |  |
| 15. |  |  |  |  |
| 16. |  |  |  |  |