

Anticipated Training Form

INSTRUCTIONS: The anticipated training form is for use on all trainings. Please use this form for each training using Custom Fit funding. ***Please submit this form no later than 3 days PRIOR*** to the beginning of the training in order to generate a training agreement and receive approval, or the training may be denied.

Note: Through your partnership with Custom Fit Training this vendor requires approval from your CFT Rep to receive CFT financial assistance. Please fill out this section as fully as possible. This information is required for financial assistance prior to commencement of training.

Your Company Name:

Title of Training		Instructor	Location	Quoted Cost
				\$
Start Date	End Date	Start Time	End Time	Total Training Hours
/ /	/ /			

Which area of business do you hope the above training will improve?
 Growth
 Productivity
 Competitive Edge

Please list each person from your company who will be attending this training

First Name	Last Name	Last 4 of Social