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| C:\Users\Lindl\AppData\Local\Microsoft\Windows\INetCache\Content.Word\true power barre FULL COLOR LOGO.PNG | True Power Barre LLC |

# Training Request

## Host Facility Information

|  |  |  |
| --- | --- | --- |
| Facility Name: |  | |
| Owner/Manager: | |  |
| Facility Address: | |  |
| Phone Number: |  | |
| Email: |  | |
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| --- |
| *List your preferred date to host a training and one alternate date. (MM/DD/YY)*  Preferred Date(s): |

Instructions for Returning Form:

1. Fill out all required information.
2. Save the edited form as a document.
3. Email edited document to [truepowerbarre@gmail.com](mailto:truepowerbarre@gmail.com).
4. Please allow 48 hours response time.

In returning this form you agree to all the terms and conditions stated under the True Power Barre™ website (truepowerbarre.rocks).