

PROGRAM REQUEST FORM

Gay Lesbian Bisexual Transgender Student Services

174 Lory Student Center | 970-491-4342 | glbt_studentservices@mail.colostate.edu

Requested Program: **Safe Zone** (2 hours minimum) **Visible Voices** **Other Workshop**

Today's Date: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Class/Group Name: _____ Class/Group Size: _____

Preferred Date:

The date the request is made/received **must be** 2 weeks prior to the dates listed below.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Time of Engagement and/or Duration: _____

Location of Engagement: _____

Specific Requests: (e.g. identities, format, topics, goals, etc.)

Other information: (Important for workshop requests, including Safe Zones)

What do you hope to accomplish in this workshop?

What do you want your staff, clients, etc. to leave with?

FOR OFFICE USE ONLY			
ITEM	CONTACT	STAFF PERSON	DATE
Confirmation with Requestor			
Availability Request Sent	N/A		
Confirmation with Panelists	N/A		