

MEMORANDUM FOR: Directorate, Family, Morale, Welfare and Recreation, Army Community Service, Schofield Barracks, HI 96857-5019

SUBJECT: Financial Readiness Program (FRP) Class Request Form

**ATTN: Schofield Barracks**

1. Unit/Agency Requesting Training: \_\_\_\_\_

Type of Class (Specify): \_\_\_\_\_

Class Objective (Specify): \_\_\_\_\_

Date class needed: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location: \_\_\_\_\_

How many personnel will be attending (min 25 PAX): \_\_\_\_\_

2. Is Audio/Visual Equipment available: YES \_\_\_\_\_ NO \_\_\_\_\_

3. POC for this training is \_\_\_\_\_ Email: \_\_\_\_\_

Work phone # \_\_\_\_\_ cell phone# \_\_\_\_\_

4. Alt POC for this training is \_\_\_\_\_ Email: \_\_\_\_\_

Work phone # \_\_\_\_\_ cell phone# \_\_\_\_\_

*\*\*\*If class is not confirmed with the instructor 24 hours prior to class date by the POC, the class will have to be rescheduled.\*\*\**

**For Schofield Barracks POC:**

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**For FRP Use:**

Date request received: \_\_\_\_\_

Class scheduled by: \_\_\_\_\_

Instructor's name: \_\_\_\_\_

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