



CONDOM TRAINING REQUEST FORM

Contact person: _____

School: _____

Phone # (____) ____ - _____ **Fax #** (____) ____ - _____

Email: _____

Principal/Designee Signature: _____

Please provide up to three (3) possible requested dates and times.
(Morning trainings are preferable but afternoons can be arranged with advance notice)

- CAP trainings require 30-45 minutes.
- No AV equipment is required.

Requested Dates	Time	Number of Participants (Maximum of 12)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail to: Condom Availability Program
LAUSD District Nursing Services
Roybal Annex
121 N. Beaudry Ave
Los Angeles, CA 90012

OR

Fax to: (213) 580-6557