## MARYLAND PARK SERVICE

Out-Service (outside of the MPS)
Please circle one

**Out-of-State** 

## THE FOLLOWING TRAINING/TRAVEL REQUEST IS APPROVED FOR:

Attendee(s)		PARK/R	EGION:		
DATE OF TRAINING:		LOCATI	LOCATION OF TRAINING:		
COURSE:		HOURS	OF TRAINING:		
APPROPRIATION #:		_ AUTHO	RIZATION #:		
AIRFARE	\$				
REGISTRY AND/OR TUITION:	\$				
BOOKS / MATERIALS:	\$				
ROOM / SUBSISTENCE:	\$				
TRAVEL:	\$				
ESTIMATED TOTAL EXPENSE:	\$				
Upon completion of the training received and a report on the in an Instructor lesson plan, so the	mportant points that you may pres	hat will help the M ent the training to o	PS. In addition, you ma	y be ask to provide	
Applicant  Angela Crenshaw	Date	Date	-		
Alyssa Myers		Date	-		
Barb Knisely		Date	-		
Park Manager		Date	-		