THE STEADWARD CENTRE
for Personal & Physical Achievement

UNIVERSITY OF ALBERTA

# The Steadward Centre
# Community Collaboration Request Form

**Date: _____**

**Contact Information**

Name of Organization: _____

Contact Name: _____ Title/Position: _____

Address: _____ E-mail: _____

_____

_____ Phone: _____

☐ **Direct Service Delivery**

- ☐ Exposure Program (one time)
- ☐ Weekly Group Program
- ☐ Half day program
- ☐ Full Day Program
- ☐ Other: _____

☐ **Workshop/In service**

**Proposed Date(s):** _____

**Do you require space on campus to run the program?**

*Booking costs will be included on your invoice

☐ YES ☐ NO

**Please provide a brief description of the requested (How many people will be attending? Will you be providing supports? What topics/themes do you want highlighted? Etc)**

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