

VOTER REGISTRATION DRIVE TRAINING REQUEST

Please fill out the top half of this application. Type or Print clearly and use blue or black ink.

1. LEGAL NAME
2. DATE AND LOCATION: Please provide the date, times and location of your voter registration drive.
3. MAILING ADDRESS: This information will be used by the County Board of Registrars to contact you regarding your scheduled training.

Please submit this request to your County Board of Registrars office.
Contact information can be found at www.sos.georgia.gov/cgi-bin/countyregistrarsindex.asp.

1	LAST NAME	FIRST NAME	MIDDLE NAME		
2	DATE OF VOTER REGISTRATION DRIVE: MM/DD/YYYY / /				
	VOTER REGISTRATION DRIVE ADDRESS	CITY	COUNTY	STATE GA	
3	MAILING ADDRESS	CITY	STATE GA	ZIP CODE	TELEPHONE NUMBER ()
4	By completing and signing this form, I am requesting voter registration drive training from the Board of Registrars. _____ Date <input checked="" type="checkbox"/> Signature				

(TRAINEE'S PLEASE DO NOT CUT)

(BOARD OF REGISTRARS PLEASE CUT AND FILE THE TOP PORTION FOR YOUR RECORDS)

COUNTY OFFICIAL USE ONLY

Dear Trainee,

Your request for Voter Registration Drive training has been confirmed with the County Board of Registrars Office.

TRAINING LOCATION	DATE OF TRAINING: MM/DD/YYYY / /	TIME OF TRAINING
TRAINING ADDRESS		COMMENTS OR INSTRUCTIONS:
ROOM/SUITE		
CITY	STATE GA	

Notification sent to the trainee:

Date: ___ / ___ / ___