



# Victim Services Speech Request Form

DATE OF SPEECH: \_\_\_\_\_ TIME OF SPEECH: \_\_\_\_\_

NAME OF GROUP: \_\_\_\_\_

LOCATION: \_\_\_\_\_

LENGTH OF SPEECH: \_\_\_\_\_

TOPICS TO BE DISCUSSED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF PEOPLE EXPECTED: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE/EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COMMENTS/SPECIAL REQUESTS/SPECIFIC PROGRAM REQUEST:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

Please complete this form and email the information to Barbara Woodmansee:

[bwoodmansee@ywcayork.org](mailto:bwoodmansee@ywcayork.org)

Thank You