

# WESTERLY SENIOR CENTER WOOD SHOP PROJECT REQUEST FORM

| First Name   | Last Name       | Phone Number                    |
|--|-----------------|---------------------------------|
|  |                 |                                 |
| <b>What do you want the Wood Shop to do for you? Explain in the box(es) below.</b>                                       |                 |                                 |
|  |                 |                                 |
|  |                 |                                 |
|  |                 |                                 |
|  |                 |                                 |
|  |                 |                                 |
| <b>A Volunteer from the Wood Shop will call you.<br/>Do not bring your project in until you are instructed to do so.</b> |                 |                                 |
|  |                 |                                 |
| <b>DO NOT WRITE BELOW THIS LINE - FOR USE BY THE WOOD SHOP VOLUNTEERS</b>  |                 |                                 |
|  |                 | Date Project will be brought in |
| Volunteer's Name   |                 |                                 |
|  |                 |                                 |
| Contacted Customer   | Date of Contact |                                 |
| Project cost including materials approved by Customer  |                 |                                 |
| Notes for Project:   |                 |                                 |
|  |                 |                                 |
|  |                 |                                 |
|  |                 |                                 |