



Tool Lending Center Workshop Application



Name (Contact Person): _____

Organization (if applicable): _____

Address: _____

Phone: _____

Email: _____

Project: _____

Proposed Date: _____

Proposed Location: _____

Explanation: _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION

Do you have any participants willing to attend the workshops? _____
YES NO

How Many? _____

Do you have any funds to contribute? _____
YES NO

How Much? _____

San Francisco Clean City Coalition c/o Tool Lending Workshop Coordinator

Please send to:
1016 Howard Street
San Francisco, CA 94103

or

Fax to 415-552-9202
Attn: Tool Lending Center