

# LIVESTOCK ENVIRONMENTAL ASSURANCE PROGRAM (LEAP) TRAINING SESSION INTENT FORM

*Please complete and submit to the Ohio Livestock Coalition office a minimum of 30 days  
prior to your planned LEAP training session!*

OHIO LIVESTOCK COALITION (OLC)  
P. O. BOX 182383  
COLUMBUS, OHIO 43218  
(614) 246-8688/FAX  
dwhite@ofbf.org

## LEAP Level 1 Curriculum Materials Needed:

\_\_\_ Confined Feeding

\_\_\_ Pasture

Name of contact person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ - \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Electronic Mail Address \_\_\_\_\_

Organizations that will be participating and their pledged contributions/assistance:

Attendance Goal: \_\_\_\_\_

Date of Program \_\_\_\_\_ Time \_\_\_\_\_

Site of Program \_\_\_\_\_ Town/City \_\_\_\_\_

## Anticipated/Estimated Costs of Program:

Promotion = \$ \_\_\_\_\_

Meal = \$ \_\_\_\_\_

Facility Rental = \$ \_\_\_\_\_

Other = \$ \_\_\_\_\_ (please describe)

Total Estimated Costs = \$ \_\_\_\_\_

How will the program be publicized? \_\_\_\_\_