



FAX

YMCA Conditional Status Release Form

To: Monica Turner/ Nancy Wetzel

Metropolitan Training Department - YMCA of Central Ohio

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Phone: 614-473-3614

Email: mturner@ymcacolumbus.org

From: _____

Email: _____

Fax: _____

Phone: (day) _____ (eve) _____

YMCA: _____

YMCA Address: _____

Supervisor Name: _____

YMCA Phone: _____

Please include the following: (Please use separate sheets if this is for more than one class.)

Name of class: _____

Instructor(s): _____

Date Taken: _____ Location: _____

Please include all copies of prerequisites information

Please note: You have 3 months to complete your prerequisite information.