

**Luzerne County Community College
Regional Public Safety Training Center**

FACILITY USAGE REQUEST FORM

Requesting Organization: _____ **Dates Requesting:** _____
County: _____
Mailing Address : _____
City: _____ State: _____ Zip code: _____
Organization phone #: _____
Organization e-mail: _____
Contact Person(s): _____ Contact e-mail: _____
Contact Person Phone #(s): _____

Billing information:

Name: _____ Phone No. _____
Organization: _____
Address: _____
City/State/Zip: _____

Class Title or reason for use of the facility: -

Estimated number of persons attending: Is this a meeting or training session?

Is this a Pa State Fire Academy Local Level Course? Yes/No (circle)

If yes, attach a copy of local level application

Which of the following will you need? (check all that apply with dates and times)

If there is not enough space to write the dates and starting/ending times, you may attach a schedule of dates and times.

Classroom(s) Start time: _____ am/pm End time: _____ am/pm

How many rooms? (1 or 2)

With tables and chairs (1 classroom seats approx. 32 persons classroom style)

Classroom Set-up:

Classroom _____

Open U shape _____

A/V Equipment

Computer _____

LCD projector _____

DVD Player _____

VHS Player _____

Document Camera _____

Other: _____

Drill Grounds Start time: _____ am/pm End time: _____ am/pm

Is this a Fire Department Training Day (FDTD) for live burns? Yes/No (circle)

Check all that apply:

_____ Sprinkler System

_____ Burn Building Maze

_____ Trailer Maze

_____ Forcible entry Simulator

_____ Apparatus

Other: _____

OFFICIAL USE ONLY

Classroom(s) Assigned:

Facilitator(s):

Length of Program:

Number of Attendees:

Recorded on Calendar: