

**ATTACHMENT "A"**

<b>RPSTC FACILITY USE/REQUEST FORM</b>
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Agency/Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Requestor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Requestors Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Describe Course/Activity: \_\_\_\_\_  
 Lead Instructor Name: \_\_\_\_\_ Instructor Phone: \_\_\_\_\_  
 Number of participants expected to attend: \_\_\_\_\_ are all participants from RPSTC  
 partnering/Affiliate agencies? Yes  No  If not, list agencies or organizations  
 below.

Special Equipment/AV Needs: \_\_\_\_\_  
 (wireless microphones, slide projector, round tables, etc..)

**ROOMS: (check only what you need and intend to use. List all Dates/Times for each room checked:)**

- Chemistry Lab  One side/Tiered Classroom (60-80)  Both sides/Tiered Classroom (150-160)  
 One side /multi-purpose (25-30)  Both sides/multi-purpose (50-60)  Large Classroom (30-40)  
 Small Classroom (20-25)  Small Conference Room (10-12)  Large Conference (20-24)  
 Computer Lab  Resource Room  Armory Classroom (24-30)

ROOM	DATE(s)	TIMES	Class #

Do you intend to leave equipment or materials in the rooms during the reserved period? Yes  No  If you checked yes, describe these items:

**SKILLS TRAINING AREAS: (check only what you need and intend to use. List all Dates/Times for each Skills Training Area checked:)**

- Pursuit Course (Oval track)  Perception Reaction Course  Skid Pad  Off-road Course  ATV  
 City Grid (Surface Streets)  Draft Pit  Confined Space Rescue Prop  Physical Agility Course  
 Drill Grounds (Surface Streets)  Drill Tower (Live burn? Y N)  Rail Cars  Rubble Pile  
 Range 25A  Range 25B  Rifle Range  Scenario Bay  
 Mat Room  Driving Simulator  Force Option Simulator

SKILLS TRAINING AREA	DATE(s)	TIMES	Class #

Do you intend to leave equipment or materials during the reserved period? Yes  No   
 If you checked yes, describe these items:

**STAFF USE ONLY: APPROVED**  **NOT APPROVED**  **CONDITIONAL APPROVAL**   
**IS A RELEASE AND HOLD HARMLESS REQUIRED OF ALL PARTICIPANTS**  YES  NO  
 Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ Via: Fax  Phone  E-mail  Other

Conditional Approval Comments:  
 Name/ \_\_\_\_\_  
 Signature \_\_\_\_\_ Date approved: \_\_\_\_\_ Time approved \_\_\_\_\_

Staff only: Check here if the Staff signature is on File