CANALE TRAINING CENTER

APPLICATION FOR USE OF CENTER
Fax Application to 609-407-6723

*****NO FOOD/DRINKS ALLOWED IN CLASSROOM*****

Organization/Department: ____ Date: ______________
Contact Person (Supervisors Name): ____
Address: ____
Address: ____
Telephone #:______________________________ Fax #:_______________________________

Instructor(s) Name: ____
Email Address: ____

**** IF USING MORE THEN ONE ROOM OR OUTDOOR FACILITY**
YOU MUST BE SPECIFIC WHEN GIVING TIMES FOR EACH AREA**
(EACH CLASSROOM ACCOMMODATES 35-40 ATTENDEES)

Type of Class, Meeting/Seminar
(PLEASE BE SPECIFIC):____
Number of Attendees: _____ Number of Days: _____
Date(s) Requested: ____

Place a check next to requested area(s)

Classroom(s): _____ Time: _____ to _____ Engine Room: _____ Time: _____ to _____
Cafeteria: _____ Time: _____ to _____

Air Refill: _____ Time: _____ to _____ Burn Bldg: _____ Time: _____ to _____
Confined Space: _____ Time: _____ to _____ Drill Tower: _____ Time: _____ to _____
Drafting Pit: _____ Time: _____ to _____ Extrication Pad: _____ Time: _____ to _____
Flashover: _____ Time: _____ to _____ Propane Pad: _____ Time: _____ to _____
Smoke House: _____ Time: _____ to _____

Will you have any student which would require special consideration during your use of the facility?
YES: _____ NO: _____
Please describe and indicate any special considerations on a separate sheet of paper and fax it along with this application. All requests for accommodations must be made thirty (30) days prior to the use of the facility.
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IT IS AGREED BY THE AGENCY SUBMITTING THIS APPLICATION THAT THEY WILL COMPLY WITH ALL RULES AND REGULATIONS ESTABLISHED BY THE BOARD OF DIRECTORS OF THE ATLANTIC COUNTY ANTHONY "TONY" CANALE TRAINING CENTER. IT IS ALSO UNDERSTOOD BY THE SUBMITTING AGENCY THAT FAILURE TO COMPLY WITH THE RULES AND REGULATIONS THAT ARE ESTABLISHED MAY RESULT IN THE SUSPENSION OF FUTURE PRIVILEGES ASSOCIATED WITH THE ATLANTIC COUNTY ANTHONY "TONY" CANALE TRAINING CENTER.

_______________________________________ ______________________________ __________
SIGNATURE OF AUTHORIZED REPRESENTATIVE PRINT NAME DATE
(Authorized Representative for Law Enforcement MUST be Chief, Troop Commander, Etc., or application will not be accepted.)

CENTER USE ONLY

Reviewed by Police/Fire Training Director ___________ Date Reviewed: _______________
Approved: YES NO
Approved By: ____ Date: ________________

Revised 5/09