



Training Request Form

Class Requested: Ohio 8hr Foundations Level 1 Level 2
 Custom* Non-Lethal Medical Stress Inoculation

For medical: 2hr 4hr 8hr

*Custom Training: Number of Hours Requested: _____

*(**Foundations** is required for Level 1 class)*

Requesting Organization: _____

Address: _____ State: _____

Contact Person: _____ Phone: _(____)_____

Email: _____

Billing/Invoice Contact: _____

Email: _____

Phone: _(____)_____

Training Dates Requested: _____

Classroom Site

Onsite amenities (Your Facilities):

School Name: _____

School Address: _____

Classroom (If checked, room capacity?) _____

Audio/Visual equipment available:

Projector TV Screen Speakers Microphone (lapel)

VGA connectivity HDMI connectivity

Restrooms onsite: Yes No



Classroom Site (continued)

Are your facilities available for force-on-force training: Yes No

If yes, complete the following items:

Hallways available: Long, Straight Perpendicular-Intersecting
 Other: _____

Stairwell available: Yes No

Reliable cell service inside: Yes No

Planned staff access to firearms: On-body Staged

Will local law enforcement be participating: Yes No

RANGE

Available Range: _____

Range Contact: _____ Phone: (____) _____

Range Address: _____

Is pistol range at least 100ft. or the state's police pistol qualification total distance? Yes No

Maximum distance of pistol range: _____

Restrooms onsite: Permanent Portable None

Reliable cell service: Yes No

Potable water onsite: Yes No

Handicapped accessible: Yes No



Cancellation Policy:

Cancellations may be necessary, however, **Training Requester** agrees to reimburse FASTER for any travel costs already incurred at the time of cancellation, including but not limited to airfare, lodging, and equipment shipping regardless if training is rescheduled or not.

Signature:

Training Requester

Date

Return to:

Greg Hennecke

greg@fastersaveslives.org