



# HOST AGENCY REQUEST FORM

### WHICH COURSE ARE YOU REQUESTING? (select one)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> 4 Day ICP               | <input type="checkbox"/> Field Force Grenadier   | <input type="checkbox"/> Corrections                        | <input type="checkbox"/> Ballistic Breaching   |
| <input type="checkbox"/> OC Only                 | <input type="checkbox"/> Chemical Munitions Only | <input type="checkbox"/> Impact Munitions Only              | <input type="checkbox"/> NDFF (Flashbang) Only |
| <input type="checkbox"/> SWAT/Tactical Grenadier | <input type="checkbox"/> Penn Arms Armorer       | <input type="checkbox"/> Custodial Handcuffing & Restraints | <input type="checkbox"/> Cell Extraction       |

### PLEASE COMPLETE THE FOLLOWING FIELDS IN REFERENCE TO YOUR AGENCY:

Agency Name: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### EXACT LOCATION WHERE REQUESTED COURSE WILL BE HELD:

Requirements: Classroom must be able to accomodate up to 20 attendees; 50-100 yard firing range with water supply available within 20 minute drive from location; Power Point projector; Minimum of two 12ga shotguns for class and range (pump action only 18"-20" BBL)

Address (Street, City, State, Zip): \_\_\_\_\_

Date Requested: First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

### LOCAL LODGING INFORMATION:

Please provide us with two local lodging facilities that we may suggest to traveling participants:

Name: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return form to: [training@combinedsystems.com](mailto:training@combinedsystems.com)**