



HOST AGENCY REQUEST FORM

WHICH COURSE ARE YOU REQUESTING? (select one)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 3 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