

Facility Use Reservation Form

Requesting Organization _____ Station Number _____

Station Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Phone Number _____

E-Mail Address _____

_____/_____/_____
Date of Requested Use _____ Start Time _____ End Time _____

AREA OR PROP BEING REQUESTED:

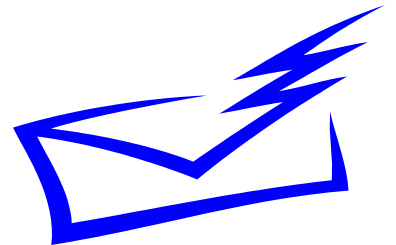
- | | |
|---|---|
| <input type="checkbox"/> Tactical Burn Building | <input type="checkbox"/> Car Fire Simulator |
| <input type="checkbox"/> Smoke Maze | <input type="checkbox"/> Propane Fire Simulator |
| <input type="checkbox"/> Drill Tower | <input type="checkbox"/> Flammable Liquid Pit |
| <input type="checkbox"/> Vehicle Rescue Pad | <input type="checkbox"/> Extinguisher Training Prop |
| <input type="checkbox"/> Vehicle Rescue Trailer | <input type="checkbox"/> Roof Simulator |
| <input type="checkbox"/> Drafting Pit | <input type="checkbox"/> EVOC Course |
| <input type="checkbox"/> Confined Space Area | <input type="checkbox"/> Forcible Entry Simulators |
| <input type="checkbox"/> Trench Rescue Area | <input type="checkbox"/> Lock Board Props |
| <input type="checkbox"/> Trench Rescue Trailer | <input type="checkbox"/> Mannequins |
| <input type="checkbox"/> Air Cascade Trailer | |

ANY ADDITIONAL NEEDS REQUESTED:

How to Submit Form:



Fax Form to:
(717) 537-4196



E-Mail Form to:
DGribble@co.lancaster.pa.us

*A Minimum of Three (3) Weeks
Notice is HIGHLY Recommended.*

If your reservation is for a portion of a state-certified course being held at your station, please list the course and lead instructor below.

Course

Lead Instructor