

Simulated Scenario Village Facility Registration Form



**PUBLIC
SAFETY**

A TRI-C® CENTER OF EXCELLENCE

Date(s) Requested: _____ Time: _____ Total Hours: _____

Requestor: _____ Agency: _____ Telephone: _____ Email: _____

Certificate No. _____

Training Type: _____

Training OIC: _____

Chief Safety Officer: _____

No. of Students: _____

No. of Role Players: _____

No. of Training Officers: _____

Agency-Supplied Equipment/Weapons (include all training weapons): _____

Training Requested: VirTra: _____ | Mat Room: Half Full | Building: B C D E
Classroom: Half Full

Equipment Requested: Stress Vests No. Requested: _____ | Breach Door No. Requested: _____ | Eye Protection No. Requested: _____
Glock 17 No. Requested: _____ | M4 Rifle No. Requested: _____ | Remington 870 No. Requested: _____
Smoke

OFFICIAL USE ONLY

Proof of Insurance Submitted _____

Event Application Signed _____

Waiver Signed _____

Approved By: _____ Date: _____