



Glenside Fire District Request for Public Education Training Class

Group/Business Name:			
Business Address:			
Contact Name:			
Contact Email:			
Contact Number:		Best time to be reached:	Other:
Course Title(s) being requested:			
Course Requested Location:			
Date(s) Requested/Availability – please list all:			
Time Requested:	Other:		
(Please note that certification classes are scheduled to start at 8 or 8:30 am but other arrangements can be made.)			
Number of Attendees:			
	Number of Adults:	Number of Children:	
Please list any restrictions or special considerations you will need for participation (ADA, etc.):			
Other comments or special requests:			
Give a brief description of what your expectations are for the course(s) you are requesting and in what way this training will benefit this organization.			
Submitted by: _____ Date: _____			
This form shall be completed and submitted to the Glenside Fire admin staff for scheduling. Please submit this form well in advance of the course start date to allow a sufficient amount of time for the scheduling process.			
<i>** For office use only **</i>			
Employee taking request:		Instructor assigned:	
Date request received:		Price per attendee:	
Date of class:		Time of class:	
<input type="checkbox"/> Registration Completed	<input type="checkbox"/> Entered in Firehouse	<input type="checkbox"/> Billed	