



# CLASS SITE FORM

## Committee (Please print)

This form should be used to communicate classroom needs at least four weeks prior to the class date.

Date \_\_\_\_\_

Committee Name \_\_\_\_\_

Committee Code \_\_\_\_\_

Committee Contact Person (First Last) \_\_\_\_\_

( )  
Phone

( )  
Fax

E-mail Address \_\_\_\_\_

Student registration handled by:  Instructor  Committee Member(s)

Name(s) \_\_\_\_\_

Class deposit forms should be pre-filled with student names, I-CAR® ID numbers and employer prior to the class to expedite class registration and provide consistent data entry of the student attendance.

## Facility

Closing Time: \_\_\_\_\_ Facility:  Classroom only  Shop only  Classroom and Shop

Location Name \_\_\_\_\_

Street Address (No P.O. Boxes Please) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Contact Person (First Last) \_\_\_\_\_

( )  
Phone

( )  
Fax

E-mail Address \_\_\_\_\_

Class Setup Times – Friday for Saturday class: \_\_\_\_\_ Weeknights: \_\_\_\_\_ Leave Setup:  Yes  No

Adequate Parking:  Yes  No

Smoking Area:  Yes  No

Access:  Easy  No

## Seating

Tables # \_\_\_\_\_  Chairs # \_\_\_\_\_  Other (ex. setup style needed) \_\_\_\_\_

Capacity – Classroom (with tables): \_\_\_\_\_ Theater Style (chairs only): \_\_\_\_\_ Table/Chair:  Yes  No

## Equipment

AV Screen size: \_\_\_\_\_

LCD Projector:  Yes  No

Flipchart/Board:  Yes  No

Compressed Air:  Yes  No

Electrical Outlets:  110v  220v

Water:  Yes  No

Lighting Type:  Fluorescent  Mercury Vapor

Room must be darkened during class?  Yes  No

Can repair equipment be brought in?  Yes  No

Hands-on area needed?  Yes  No

## Instructor and Program Information

Program \_\_\_\_\_

Class Date(s) \_\_\_\_\_

Instructor Name (First Last) \_\_\_\_\_

( )  
Phone

( )  
Fax

E-mail Address \_\_\_\_\_

Refreshments:  Yes  No

Attendance Expected: # \_\_\_\_\_

Notes: \_\_\_\_\_