



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) _____

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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/Province _____

ZIP/Postal Code _____

Contact Person (First Last) _____

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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) _____

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Phone

()
Fax

E-mail Address _____

Refreshments: Yes No

Attendance Expected: # _____

Notes: _____