



TRILOGY TACTICAL

Tactical Medicine Division

HOST REQUEST FORM

SCHOOL DISCIPLINE REQUESTED	OPEN / CLOSED	DATES REQUESTED
	<input type="checkbox"/> / <input type="checkbox"/>	
	<input type="checkbox"/> / <input type="checkbox"/>	
	<input type="checkbox"/> / <input type="checkbox"/>	
	<input type="checkbox"/> / <input type="checkbox"/>	

HOST AGENCY NAME: _____

HOST AGENCY ADDRESS: _____

HOST COORDINATOR'S NAME: _____
(Please include rank and/or title)

WORK PHONE #: _____ FAX #: _____

EMAIL: _____ CELL #: _____
(Required) (Required)

CLASSROOM INFORMATION

ADDRESS: _____
(Please provide complete mailing address as this will be where students are told to report on the first day of class)

Is the classroom able to be secured during and after class each day? **YES / NO**

Classroom seating max #: _____ # of Desks: _____ # of Tables: _____

Is the classroom reserved exclusively for Trilogy during this week? **YES / NO**

*I certify I have read the current **Trilogy Host Guide**, I fully understand the requirements for hosting **TACTICAL MEDICINE TRAINING**, and I can and will comply with all requirements & responsibilities.*

Print Name **Signature** **Date**

FOR OFFICE USE ONLY			
Date request received:	By:	Attendance capped at:	By:
Date school Scheduled:	By:		

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SUGGESTED HOTELS

Please provide the name, address and phone number of 3 local hotels you could recommend as being clean, safe and convenient to your classroom.

HOTEL NAME: _____

Address: _____

Phone: _____ Website: _____

HOTEL NAME: _____

Address: _____

Phone: _____ Website: _____

HOTEL NAME: _____

Address: _____

Phone: _____ Website: _____

DIRECTIONS & MAPS

Please provide a map with this packet that contains all of the following information on it:

- | | |
|-------------------------|---|
| 1. Local major highways | 4. Training Facility or Range if separate from classroom. |
| 2. The hotel locations | 5. Other important details, (airport or other landmarks) |
| 3. Classroom location | |

This map will become part of the “*Student Information Packet*” and included with the registration confirmation sent to each student. Please provide a clear color printed map with the above information clearly notated on it from one of the internet mapping services, (such as Google Maps, MapQuest, Yahoo or Bing Maps). Please do not photocopy street or other printed maps as they typically do not reproduce or fax clearly.

Completed “*Host Request Forms*” should be emailed or faxed to the attention of the Training Manager at:

TRILOGY TACTICAL – Tactical Medicine Division
866-847-9802 (Fax)
training@trilogyhse.com