



South Carolina Criminal Justice Academy

FACILITY REQUEST FORM

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title of Class/Meeting/Seminar: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Instructor/Liaison: \_\_\_\_\_ # Attending: \_\_\_\_\_

Meals & Lodging

Monday Tuesday Wednesday Thursday Friday
Meals \_\_\_\_\_ Meals \_\_\_\_\_ Meals \_\_\_\_\_ Meals \_\_\_\_\_ Meals \_\_\_\_\_
Beds \_\_\_\_\_ Beds \_\_\_\_\_ Beds \_\_\_\_\_ Beds \_\_\_\_\_ Beds \_\_\_\_\_

Special Instructions:

Table with 10 rows (Classroom, Conference Room, Gym, Range Classroom, Driving Range, Skid Pad, FATS, Weapons Range, Outdoor Range, Rifle Deck, Shotgun Range, Practical Range) and 7 columns (M, T, W, Th, F, Sat, Sun) for selection, plus a Time column.

Do not write below this line (Completed by the Registrar's Section)

CONFIRMATION

Confirmed as Above
Confirmed as Indicated Below

Signature: \_\_\_\_\_
Date: \_\_\_\_\_

Meals & Lodging

Monday Tuesday Wednesday Thursday Friday
Meals \_\_\_\_\_ Meals \_\_\_\_\_ Meals \_\_\_\_\_ Meals \_\_\_\_\_ Meals \_\_\_\_\_
Beds \_\_\_\_\_ Beds \_\_\_\_\_ Beds \_\_\_\_\_ Beds \_\_\_\_\_ Beds \_\_\_\_\_

Confirmed Locations: \_\_\_\_\_

South Carolina Criminal Justice Academy
Registrar's Office
5400 Broad River Road
Columbia, SC 29212-3540
(803)896-8377