

North Carolina Department of Public Safety Samarcand Training Academy

3600 Samarcand Road, Jackson Springs, NC 27281 Phone: (910) 466-4165

Request for Use of Samarcand Training Academy Facilities

(Psychomotor Skills Training Rooms - Please choose from the following)

	GYMNASIUM MAT ROOM	☐ FRYE MAT ROOM	☐ NORDAN MAT ROOM
Acad nece insid	demy for your training event. We will essary. Participants reserving a mat rile the room. Mats must be cleaned w	to ensure your agency may be afforded the I make every effort to honor your requested da room are responsible for the general care of the ith water and bleach at the completion of training Frye and Nordan is located in the men's restroo	ate(s), but we reserve the right to reschedule if room during usage and any equipment located g. Cleaning equipment for gymnasium is located
Plea	se e-mail the completed request to Ri	chard Jordan, Academy Director, at the following	g e-mail address: richard.jordan@ncdps.gov
1.	NAME:		
2.	TELEPHONE NUMBER:		
3.	AGENCY NAME/DIVISION NAME:		
4.	DATE(S) REQUESTED FOR USE: _		
5.	TIME(S) REQUESTED FOR USE: _		
(Atta	ach additional sheet if necessary with	additional dates and times)	
6.	CLASS NUMBER (If applicable):		
7.	TYPE OF TRAINING:		
8.	NUMBER OF PARTICIPANTS IN TR	RAINING CLASS:	(MAXIMUM – 24 STUDENTS)
	I will make sure the mat is cleaned and the room is neat before I leave the mat room.		
	I will make sure all equipment is in place and nothing has been removed from the mat room.		
	I have attached a copy of the training	y schedule.	
	raining Coordinator (Printed Name	Date	Signature