



**TEAM APC** Awareness Protective Consultants LLC Training Course  
Hosting Agreement Form  
Please Print Clearly

Course Requested: \_\_\_\_\_

Circle length of class requested: 1 day / 2 day / 3 day / 4 day / 5 day

Course Dates Requested (If available please list top 3 dates)

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Best time/location to contact you by phone: \_\_\_\_\_

Does the training facility meet the course requirements criteria? Please refer to our  
"Hosting Options."

Location of range facility: \_\_\_\_\_

Please list training facility classroom and range capabilities

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Is there power available at range facility? Yes/No

Is there a classroom available at or close to the range? Yes /No

Does the classroom have audio/video capabilities?

How many students is the classroom capable of seating?

Do you have the ability to conduct live force-on-force training scenarios at your training  
facility using marking systems or air soft products? Yes/No

Additional notes: \_\_\_\_\_

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## **TEAM APC** Awareness Protective Consultants LLC Training Course

### **Co-hosting Agency Options**

#### **Please Check One:**

\_\_\_\_\_ We request to have a “Closed Class” and will be responsible for filling the course minimum of 20 students unless prior arrangements have been made with Awareness Protective Consultants, LLC

\_\_\_\_\_ We cannot meet the minimum student requirements and would like to host the course and open the class to qualified, outside personnel and guests.

The \_\_\_\_\_ hereafter listed as “co-hosting agency” agrees to host the upcoming training course utilizing the selected option listed above. The co-hosting agency also agrees to contact Awareness Protective Consultants, LLC **30 days prior** to the upcoming training course in the event the course cannot meet the minimum requirement of students. If the co-hosting agency fails to contact Awareness Protective Consultants, LLC within the required 30-day period, the hosting agency will be charged a \$100.00 late cancellation fee. If the minimum requirements needed to fill the class are not met Awareness Protective Consultants LLC will make the final decision if the training course will continue as scheduled.

**Open Course:** How many students does the co-hosting agency wish to send to the course?

\_\_\_\_\_

**Closed Course: PO# Required**

(Course will not appear on schedule until Awareness Protective Consultants LLC receives the signed agreement)



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***Co-host Signing Authority***

(Please list title)

Please mail or fax this completed application. Upon receipt of this application Awareness Protective Consultants, LLC will check to see if the dates you requested are available. We will then promptly contact you. If there are any questions, please contact us by phone or email us below at:

Awareness Protective Consultants LLC

**Phone:** 1-866-634-3373

**Fax:** 1-866-635-5761 Attention: Jose Medina

**Email:** [Medina@apc360zone.com](mailto:Medina@apc360zone.com)