MIDDLESEX COUNTY FIRE ACADEMY

1001 FIRE ACADEMY DRIVE
SAYREVILLE, NJ 08872
PHONE: 732-316-7174
FAX: 732-721-0158

APPLICATION FOR USE OF FIRE ACADEMY

NAME OF ORGANIZATION:	CONTACT NAME:
EMAIL ADDRESS FOR CONFIRMATION:	PHONE:
REASON FOR USE:	NUMBER OF PARTICIPANTS
DATE(S) REQUIRED:	TIME OF USE:

CATERING SETUP

SINCE THERE ARE MANY AGENCIES USING DIFFERENT CATERERS FOR THEIR TRAINING AT THE MCFA, IF YOU ARE PROVIDING CATERING SERVICE FOR YOUR TRAINING, YOU **MUST:**

1. **REQUEST A DINING AREA IN ADVANCE**
2. **INFORM THE FIRE ACADEMY STAFF THE NAME OF YOUR CATERER**
3. **HAVE REPRESENTATIVE ON SITE TO MEET THE CATERER.**

NAME OF CATERER:_____

TIME OF USE: _____

*** WE CANNOT GUARANTEE A DINING AREA UNLESS YOU RESERVE IN ADVANCE!**

OUTSIDE TRAINING AREA REQUESTED

WILL YOU BE REQUESTING USE OF THE OUTSIDE AREA? ☐

NOTE- A SEPARATE 'DRILL APPLICATION FORM MUST BE FILLED OUT IN ADDTION TO THIS FORM

A/V EQUIPMENT

THE MCFA PROVIDES A/V EQUIPMENT, WHITE BOARDS AND FLIP CHARTS. WI-FI IS AVAILABLE. THE MCFA DOES NOT PROVIDE LAPTOPS; YOU MUST SUPPLY YOUR OWN.

CLASSROOM LAYOUT

STANDARD A ½ CLASSROOM (30) QTY _____
STANDARD B ½ CLASSROOM (40) QTY _____
STANDARD FULL CLASSROOM (70) QTY _____
AMPHITHEATER (165) _____
OTHER : _____
_____

OTHER/COMMENTS:

FIRE ACADEMY FACILITY RULES

IF YOU ARE THE SPONSORING AGENCY, A REPRESENTATIVE FROM YOUR OFFICE MUST BE ON SITE.

FOOD AND DRINK MUST BE CONSUMED IN THE CAFETERIA.

PARKING IS NOT PERMITTED IN STAFF DESIGNATED PARKING SLOTS.

IF THERE ARE ANY PROBLEMS WE ASK THAT THEY BE REPORTED TO THE ADMINISTRATIVE STAFF ASAP

OUTSIDE AREA MAY NOT BE USED WITHOUT NOTIFYING THE FIRE ACADEMY STAFF IN ADVANCE.

INSURANCE REQUIREMENTS

THE COUNTY OF MIDDLESEX CARRIES INSURANCE COVERING ITS LEGAL LIABILITY. THE COUNTY OF MIDDLESEX ASSUMES NO LIABILITY WITH RESPECT TO BODILY INJURY, PROPERTY DAMAGE, ILLNESS OR OTHER DAMAGES OR LOSSES, OR WITH RESPECT TO ANY CLAIMS ARISING OUT OF ANY ACTIVITY OF THE PERMIT HOLDER.

THE ABOVE CONDITIONS ARE UNDERSTOOD. THIS APPLICATION IS AUTHORIZED BY:

SIGNATURE X_____

DATE _____