## ILLINOIS SEARCH AND RESCUE COUNCIL TRAINING COURSE DELIVERY REQUEST

This form should be utilized by organizations to request delivery of specific ISARC sanctioned courses. Use of this form assists ISARC in scheduling and coordinating delivery of SAR courses across the state of Illinois. Courses must be requested no later than 60 days from the first day of the course.

ORGANIZATION SUBMITTING THIS REQUEST				
Organization			Date Submitte	d
Contact Person	า		Phone #	
Email				
		REQUESTED COURSE TITLE (C	HECK ONLY ONE)	
Search ar	nd Rescue I	nitial Operations – 3 Hour		
Basic Land Navigation (BNAV) – 8 Hour				
Ground Search and Rescue Operations (GSAR) – 16 Hour Certification				
Search and Rescue Management (SARM) – 16 Hour Certification				
COURSE DETAILS				
Dates – 1 <sup>st</sup> choice			2 <sup>nd</sup> choice	
Classroom location	on			
Facility seating capacity (not to exceed 40)			Audio Visual provided?	
Field exercise location				
Approximate number square acre wooded			Arial photo attached?	
Private / Closed Course?			Open to Public?	
Please list any a	additional i	nformation below:  Training Committe	ee Use	
Date Received		Approved by	Denie	d by
			Denie	и бу
Lead Instructor		Reason for denial		
Roster received		Certificates Issued		