

## **CLASSROOM RESERVATION REQUEST**

Brianne [Preiss] Singletary: Digital Training Facility Manager Digital Training Facility – Camp Parks, CA.
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Date of Request:	Person Requesting Classroom:		Organization:	Phone #:	
Fax#:			Requested Date: (Primary)	Hrs From:	Hrs To:
			, , ,		
# of Students:	Course Name:				
	Proponent School:		Proponent POC:	Organization:	
Type of Training:				<u>'</u>	
Distance Learning (VT	T)	Individual Multimedia Instruction (IMI)		Resident Instruction	
Requires scheduling with NCC. If off-net sites are joining in, an off-net request must be submitted to PM DLS 5 days prior to scheduled start time.		If course requires the use of workstation computers then a Student Account must be created for each individual.		Will only be scheduled if classrooms are not being used for VTT or IMI instruction	
In accordance with the				_	_
over IMI and Resident training. If a classroom is scheduled, every attempt will be made to grant the requestors request.					
DTFM Use Only					
DTF Assigned:		DTFM Signature		Date Signed	
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		X			