



GENESEE COUNTY OFFICE OF EMERGENCY MANAGEMENT SERVICES

7690 State Street Road * Batavia, NY 14020
 Phone: (585)344-0078 * Emergency 24-hr Pager: (585)343-3311 * Fax: (585)345-3098
 ems@co.genesee.ny.us

RENTAL OF GENESEE COUNTY FIRE TRAINING CENTER FACILITY

The Genesee County Emergency Management Office allows for the use of various **CLASSROOMS, LIVE BURN TRAINING FACILITY and FIREARMS TRAINING RANGE** for various schools, seminars, meetings, etc. by outside agencies. All classrooms have teleconferencing and webinar capabilities and are equipped with desktop or laptop computer, projector, VHS, USB and internet capabilities. Video conferencing is limited to Main and Blue class/meeting room. Smartboard use is limited to the Gray room.

AREA REQUESTED

ALL AREAS ARE RESERVED INDIVIDUALLY. PLEASE CHECK ALL AREAS BEING REQUESTED.

E-MAIL COMPLETED FORM TO: ELIZABETH.ALLEN@CO.GENESEE.NY.US

<input type="checkbox"/> (1) CLASSROOM - Max. 50 students <i>Main Classroom (Video/Teleconference & Webinar Capability)</i>	\$125.00/DAY
<input type="checkbox"/> (1) CLASSROOM - Max. 30 students <i>Gray Classroom (Teleconference/Webinar Capability/Smartboard)</i>	\$125.00/DAY
<input type="checkbox"/> (2) CLASSROOMS - Max. 20 students <i>Red Classroom (Teleconference/Webinar Capability)</i> <input type="checkbox"/> <i>Blue Meeting Room (Video/Teleconference & Webinar Capability)</i>	\$125.00/DAY
<input type="checkbox"/> LIVE BURN TRAINING FACILITY <i>2 1/2 story residential building, 4-story tower suitable for rappelling</i>	\$125/DAY (No charge to Genesee County Fire Service) A County Safety Officer is required at a fee of \$25/hour, if live fire is involved. (No charge to GC Fire Service.)
<input type="checkbox"/> FIREARMS TRAINING RANGE <i>Practice ammunition including brass, paint ball residue, etc. must be removed from the premises upon completion of training.</i>	Genesee County Sheriff's Office must approve all scheduling of the range prior to contacting the Emergency Management Office.
<input type="checkbox"/> KITCHEN FACILITIES <i>Coffee available or you may bring your own supplies.</i>	\$.50/cup

CONTACT PERSON: _____

PHONE: _____ EXT. _____

EMAIL: _____

REQUESTING ORGANIZATION _____

NAME OF EVENT: _____

NO OF PARTICIPANTS EXPECTED: _____

MAILING ADDRESS: _____

DATE(S) REQUESTED: _____

ARRIVAL TIME: _____

SPECIAL REQUESTS: _____

START TIME: _____

END TIME: _____

NOTES:

TOTAL CHARGE: _____ DAYS @ \$ _____ = \$ _____ N/C