

##### **Mobile Career Center Scheduling Form**

Complete this form, save it and e-mail to: [**Anita.Richardson@deo.myflorida.com**](mailto:Anita.Richardson@deo.myflorida.com)

|  |  |
| --- | --- |
| **Scheduling Entity:** |  |
| **Contact Person** |  |
| **Phone/Email:** |  |
| **Activity Planned:** |  |
| **Location/Address of Activity:** |  |
| **Date of Activity:** |  |
| **Date/Time of Arrival:** |  |
| **Date/Time of Departure:** |  |
| **Method of Payment:** |  |
| **Billing Address:** |  |
| **Onsite Staff Plans:** |  |
| **{Local Workforce Development Boards should indicate which grants should be charged}** | |
| **Are public toilet facilities accessible?  Yes   No  *{If not, scheduling entity will be responsible for providing potable facilities}*** | |
| **Is secured onsite storage for the Mobile Career Center available at the planned site?**  **Yes  No** | |