



Mobile Career Center Scheduling Form

Complete this form, save it and e-mail to: Lorena.Clark@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 <i>{If not, scheduling entity will be responsible for providing potable facilities}</i>	
Is secured onsite storage for the Mobile Career Center available at the planned site? Yes No	