



## Sparta Training Area Range and Training Area Request Form

Block 1.

UIC: _____	DATE: _____
REQUESTING ORGANIZATION: _____	
ORGANIZATION ADDRESS: _____	
POINT OF CONTACT: _____	PHONE: _____
EMAIL ADDRESS: _____	

Block 2.

TYPE OF ORGANIZATION: ARNG, ANG, USAR, ARMY, NAVY, USAF, USMC, ROTC, etc. OTHER: _____	
Dates Of Requested Use: FROM: _____	TO: _____
<small>DAY MONTH YEAR</small>	<small>DAY MONTH YEAR</small>
ADVANCE PARTY ARRIVAL Date / Time _____	# PERSONNEL: _____
MAIN BODY ARRIVAL Date / Time: _____	# PERSONNEL: _____

1. Name / Rank of OIC: *(please print)*: \_\_\_\_\_
2. Summary of training to be conducted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Housing:**

TYPE	Start Date		Time	End Date		Time	# of Females	# of Males
	Date	Time		Date	Time			
Distinguished Visitors Quarters								
Standard Quarters								

**Facilities:**

TYPE	Start Date		Time	End Date		Time	# of Personnel	Misc.
	Date	Time		Date	Time			
Company HQ Trailer								

**Ranges:**

Range	Start Date		Time	End Date		Time	Range	Start Date		Time	End Date		Time
	Date	Time		Date	Time			Date	Time		Date	Time	
M203 Range							Hand Grenade Qualification Course						
Bayonet Assault Course													

**Training Areas:**

Training Area	Start Date		Time	End Date		Time	Training Area	Start Date		Time	End Date		Time
	Date	Time		Date	Time			Date	Time		Date	Time	
101							108						
102							109						
103							110						
104							111						
105							112						
106							201						
107							202						
Engineer Training Area							Convoy Route						

**Land Navigation Courses:**

Course	Start Date		Time	End Date		Time	Course	Start Date		Time	End Date		Time
	Date	Time		Date	Time			Date	Time		Date	Time	
102 Land Nav (Beginner)							108 Land Nav (Advanced)						
105 Land Nav (Intermediate)													

**Appendix D  
TADSS:**

Available	#	Start Date	Time	End Date	Time	Available	#	Start Date	Time	End Date	Time
Simulation IED Kits (3)						Training Claymore (3)					
Suicide Vest (2)						Terry Trauma Dummy (cpr) (1)					
M16 Miles Lasers (60)						Rescue Randy Dummy (carry) (4)					
Miles Torso/ Helmet (60)						Disha Dasha (10)					
Miles Control Gun (1)						Scarf (10)					
Pugil Kits (4)						Simulated Weapons					
Firearm Training System (FATS)						Call For Fire Training (CFFT)					
Kill Switches						M16 style magazine fed paint ball guns (40)					
AK 47 Style paintball guns (10)						M9 style mag fed paint ball guns (5)					
HMMWV Egress Assistance Trainer						Grenade body kits(50)					
White smoke/ paint flash bang hand grenades simulators						White smoke/paint fragmentation grenade simulators					
Pressure sensitive white smoke mine simulators						RPG Simulators (2)					
Beam Hit; Laser Marksmanship Training System						Mine Resistant Ambush Protected Virtual Vehicle Trainer (MRAP- VVT)					

**\*\*\* All requested equipment must be cleaned by using unit prior to turn in\*\*\***

3. Have arrangements been made with the STA Supply Technician for diesel fuel mogas or other fuels?

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4. If conducting overnight operations indicate dates, times and locations below:

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5. If conducting engineer support, list required materials if needed.

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Additional training requests not listed:

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**ADMINISTRATIVE INFORMATION:**

1. All scheduled training is dependent upon the needs of the ILARNG. Requests may be denied and are subject to changes at any time based on these needs. If the needs of the ILARNG require changes to prescheduled training events, the effected organization will be notified at the earliest possible time in order to reschedule, cancel or alter assigned ranges and training areas. Questions regarding this policy should be directed to Sparta Training Area, Base Operations Supervisor.
2. Organizations that are not Department of Defense, Federal or State governmental agencies, are required to submit a certificate of insurance showing liability insurance and property damage coverage for the event / training. This insurance policy will have at a minimum 1 million dollars of liability insurance and a reasonable amount of property damage insurance, as determined by the Illinois Department of Military Affairs (DMAIL), and NGIL will be named on the certificate as an additional insured.
3. Using organizations will be charged for the use of facilities and services as indicated in NGIL Regulation 350-12, if applicable. Such payment will be submitted by MIPR, electronic funds transfer, or check as directed by NGIL.
4. Using organizations will submit any information requested to process this request and will comply with NGIL Regulation 350-12, Sparta Training Area.
5. Using organizations understand that submission of a request for use does not mean that the organization is on the STA's schedule. Using organizations will receive a Sparta Training Area Request Notification, informing the organization whether the request was approved, approved with changes, or denied.

Block 3.

\*\* ILARNG Units: STA will not process a request without a signature in each block below or an email from each organization below indicating that level of command's approval of the request. See item 5 above.

**APPROVAL LEVEL**

BN / CO Command: _____	Commander's Signature of Approval: _____
Point of Contact: _____	Date: _____
Major Command: _____ (BDE/Directorate)	Commander's Signature of Approval: _____
Point of Contact: _____	Date: _____