**AGENCY/SAR TEAM Name and Logo**

**NAME OF SAR TRAINING**

**Date • Training City/Town**

**Course Overview:**

Description

**Course Objectives:**

* List Objectives

**Course Agenda:** Customize to the specific training

0700 Registration

0800 Classroom review of SAR Helicopter Operations

1300        Lunch – On Your Own

1400 Practical/Experiential Helicopter Operations

1600        Debrief and Questions

1700        Conclusion

**Course Materials**

List what materials will be provided, if any