

Request Reservation For Aquatic Training

Aquatic Facility Requesting (check one)

1 _____
Unit Requesting

	Soldiers Field House Pool BLDG 3236
	Other: _____

2 For _____ From _____ To _____
Date Start Time End Time

3 We will have approximately _____ of personnel.
 #

4 **Instructor Led** **Unit Led**

Quick look					
PT Training	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40px; text-align: center; vertical-align: middle;">Shallow</td> <td>Max 50/Instructor Led Or 30/Unit Ran Min 15/Instructor Led OR 3/Unit Ran</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Deep</td> <td>Max 25/Instructor Led Or 20/Unit Ran Min 15/ Instructor Led OR 3/Unit Ran</td> </tr> </table>	Shallow	Max 50/Instructor Led Or 30/Unit Ran Min 15/Instructor Led OR 3/Unit Ran	Deep	Max 25/Instructor Led Or 20/Unit Ran Min 15/ Instructor Led OR 3/Unit Ran
	Shallow	Max 50/Instructor Led Or 30/Unit Ran Min 15/Instructor Led OR 3/Unit Ran			
Deep	Max 25/Instructor Led Or 20/Unit Ran Min 15/ Instructor Led OR 3/Unit Ran				
AM times are 0630-0730 ONLY					

5 **What training are you requesting?** (check one)

- PT Shallow end Other: _____
- PT Deep end _____
- Combat Water Survival Test (CWST)
- Water Survival (Drown proofing)
- Humvee Dunker Training
- Stryker Dunker Training

After receiving request, Composite Risk Assessment will be assigned appropriate to training requested

6 Point of contact (individual who will be in charge and present at the training)

Print Name (First Last)	Rank	Phone #
Signature of Requestor		Email address

FOR AQUATIC MANAGER ONLY

Date&Time Request Received: _____ Staff Receiving Request: _____

Approved **Denied** Reason for denial: _____

_____ Aquatic Manager Signature