Request Reservation For Aquatic Training

Aquatic Facility Requesting (check one)

☐	**Keeler Pool BLDG 9993**
☐	**Soldiers Field House Pool BLDG 3236**
☐	Other:

1 _____
Unit Requesting

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

3 We will have approximately _____ of personnel.
#

Quick look

PT Training	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

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

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