

# Request Reservation For Aquatic Training

Aquatic Facility Requesting (check one)

<input type="checkbox"/>	<b>Soldiers Field House Pool BLDG 3236</b>
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	_____

1 \_\_\_\_\_  
*Unit Requesting*

2 \_\_\_\_\_  
*Date*
*From*
*To*
*Start Time*
*End Time*

3 We will have approximately \_\_\_\_\_ of personnel.  
#

**Quick look**

<b>PT Training</b>	Shallow	Max 50/Facility Led Or 30/Unit Led Min 15/Facility Led OR 3/Unit Led
	Deep	Max 25/Facility Led Or 20/Unit Led Min 10/Facility Led OR 3/Unit Led
	Higher approval needed for swim competitions otherwise 1 Lane for lap swim <b>MUST</b> be provided if not approved.	

4  **Facility Led**                       **Unit Led**

5 **Training being requested** (check one)

- PT Shallow End
- PT Deep End
- Combat Water Survival Test (CWST)
- Water Survival (Drown Proofing)
- Unit Competition (Higher Approval Needed)
- Humvee Dunker Training
- Stryker Dunker Training

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*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 LEAD AND MANAGER ONLY**

Date&Time Request Received: \_\_\_\_\_ Staff Receiving Request: \_\_\_\_\_

**Approved**                       **Denied**                      Reason for denial: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 NF-2 and Manager Signature