

Request Reservation For Aquatic Training

Aquatic Facility Requesting (check one)

1

Unit Requesting

<input type="checkbox"/>	Keeler Pool BLDG 9993
<input type="checkbox"/>	Soldiers Field House Pool BLDG 3236
<input type="checkbox"/>	Other:

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 10/ Instructor Led OR 3/Unit Ran
	GlideFit	Max 10/Instructor (5 in Shallow End 5 in Deep End)

4

Instructor Led

Unit Led

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

PT Shallow end

GlideFit Boards (NEW)

PT Deep end

Combat Water Survival Test (CWST) Water Survival

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 NF-2 AND MANAGER ONLY

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

Approved

Denied

Reason for denial:

NF-2 and Manager Signature