

Request Reservation For Aquatic Training

Aquatic Facility Requesting (check one)

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

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 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 **Training being requested** (check one)

- PT Shallow end
- PT Deep end
- Combat Water Survival Test (CWST)
- Water Survival (Drown Proofing)
- GlideFit Boards
- Humvee Dunker Training
- Stryker Dunker Training

Aquatics Manager 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