

Request Reservation For Aquatic Training

Aquatic Facility Requesting (check one)

<input type="checkbox"/>	Keeler Pool BLDG 9993
<input type="checkbox"/>	Soldiers Field House Pool BLDG 3236
<input type="checkbox"/>	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/SFH Pool or 30/Keeler Pool 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**
(Aquatic Staff)

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

Notes

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

_____ Rank _____ Phone # _____
Print Name (First Last)

_____ Email address _____
Signature of Requestor

A Deliberate Risk Assessment is required before the date of training

FOR AQUATIC STAFF ONLY

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

Approved **Denied** Admin. Notes: _____

_____ Recorded in Reservation Book
Aquatic Manager Signature