

Rinehart Indoor Pool PT Reservation Request Form



Date(s) Requested:	Day(s) of Week:	Time of Event:	Total Number of Participants:
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UNIT / ORGANIZATION:

REQUESTER – PRINT NAME, RANK:

SIGNATURE:

WORK PHONE: _____ **ALT PHONE:** _____

HOME PHONE:

OIC / NCOIC of Event / Activity:

PRINTED NAME: _____ **RANK:** _____

TYPE OF ACTIVITY: Please check one

Aquatic PT: <input type="checkbox"/>	Lap Swimming: <input type="checkbox"/>	Water Polo: <input type="checkbox"/>
Drown-proofing: <input type="checkbox"/>	Pre Ranger: <input type="checkbox"/>	
German Fitness Badge: <input type="checkbox"/>	Water Aerobics: <input type="checkbox"/>	

Other Activity: _____

Must have minimum 7 days notice to make reservation

Area of Pool Requested:

Combination Shallow/Deep <input type="checkbox"/>	Shallow End Only <input type="checkbox"/>	Deep End Only: <input type="checkbox"/>
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Lap Lanes: <input type="checkbox"/>	Number of Lanes needed: _____ (lanes fit min. 4 people, max 10 people)
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Pool areas will be allocated IAW facility guidelines and pool SOP. All reservations are subject to change due to safety or fitness center mission. All reservations must be submitted in person at least 7 days in advance; no phone reservations will be accepted. Failure to call or show for reservation may result in loss of privileges for future reservations. Aquatics Manager must approve any reservations not during normal operating hours.

FOR OFFICE USE ONLY:

Staff Member accepting request: _____

Date request was accepted: _____ Time: _____

Approved: Rejected: Signed: _____

Requests can ONLY be approved by Aquatics Manager

Reason Rejected: _____

On Calendar: Aquatics Office: Rectrac:

**** Please return form to Rinehart Indoor Pool ****