



AQUATICS UNIT TRAINING RESERVATION REQUEST FORM

- 1) Complete the reservation information on page 2. Please be sure to provide detailed information regarding the activities that will be performed during the reservation time; failure to do so may result in non-approval.
- 2) After completing the reservation information, please provide your electronic/wet signature to acknowledge your understanding and agreement of the terms.
- 3) Save the filled out and signed PDF file and email it to OMBIwakuni.Aquatics@usmc-mccs.org.
- 4) The Aquatics Office will then contact you regarding availability of the requested date/time.

Please refer to the guidelines below for information regarding reservation processing times.

Normal Unit Training Hours: Monday-Friday 0500-1700*

Requests for training during normal unit training hours must be submitted **48 hours prior** to the requested date of the scheduled activity.

**The IronWorks Indoor Pool is closed for cleaning and maintenance Tuesdays/Thursdays 1300-1500.*

Outside Normal Unit Training Hours:

Requests for training outside of normal unit training hours or requiring pool closure must have written justification attached and signed by the unit S-3 training officer. This request must be received by Aquatics Program staff a minimum of **10 business days prior** to the requested training date. Approval for pool closures will be routed through the MCCS Semper Fit Athletic Director by the Aquatics Program Manager.



MILITARY UNIT PHYSICAL TRAINING RESERVATION REQUEST

Facility: IronWorks Indoor Pool

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Entire Pool

OR

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Number of Lanes Select...

Date(s):

Time(s):

Type of Unit Training: Unit PT (Lap Swim ONLY)

Please utilize the space below to describe, in detail, the activities and/or training exercises that will be performed for the duration your reservation. Please note that for the safety of our staff as well as other patrons, participation in activities or training exercises other than those explicitly outlined below may result in premature termination of your unit's training/certification, and may also affect your unit's privilege to reserve Aquatics facilities in the future.

Unit:

Number of Personnel:

POC Name/Rank:

POC Phone:

POC Email:

I understand that submission of this form does NOT guarantee approval of the requested reservation. Additional information and/or documentation may be required before the reservation can be approved.

Unit Representative:

Name/Rank

Signature

Date

Approved ☐

FOR OFFICE USE ONLY

Denied ☐

Reason:

Authorizing Official:

Name/Rank

Signature

Date