



704-784-2973

quanticoaquatics@usmc-mccs.org

Unit PT Application

POINT OF CONTACT'S INFORMATION			
Point of Contacts' Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Branch of Service:	Rank/Grade:	Unit/Dept:	
Status: (check one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> MCCDC Civilian <input type="checkbox"/> OTHER:			
Address:			
City:		State:	ZIP Code:
Home Phone:		Work Phone:	
Mobile Phone:	Email:		

UNIT INFORMATION			
Branch of Service:		Unit Name:	
Address:			
City:		State:	ZIP Code:
Work Phone:		Fax:	

FACILITY AVAILABILITY		
Unit PTs can be scheduled Mondays, Wednesdays, and Fridays from 0530-0730 and Monday through Friday 1100-1245.		
Date Requested:	Start Time:	End Time:
Alternate Date:	Start Time:	End Time:

REQUESTING USE OF (check all that apply):		
50M Pool – Shallow End <input type="checkbox"/>	50M Pool – Deep End <input type="checkbox"/>	Wading/Baby Pool <input type="checkbox"/>

ESTIMATED ATTENDANCE (check one):						
0-25 <input type="checkbox"/>	26-50 <input type="checkbox"/>	51-75 <input type="checkbox"/>	76-100 <input type="checkbox"/>	101-125 <input type="checkbox"/>	126-150 <input type="checkbox"/>	151+ <input type="checkbox"/>

Requesting a Quantico 50M Pool staff member to assist with the instruction of the Unit PT.

Please briefly describe the type of activities that will take place during this Unit PT.

Please Read and Initial

Initial	
	I understand that this Unit PT may only use the space that has been requested and approved.
	I understand that ALL Unit PT participants must sign-in.
	I understand that the sponsor will be responsible for any damage or theft that occurs during this Unit PT.
	I will ensure that the requested space has been picked up and returned to the way it was.
	I understand that smoking or use of alcohol is not permitted on pool grounds.
	I have obtained, read, and agree to abide by the facilities rules and regulations.
	I agree to ensure that all members of the Unit PT will be out of the area no more than 15 minutes from the end of the Unit PT session.
	I understand that any request for cancellation of this Unit PT must be submitted in writing to the Aquatics Director 1 (one) week prior to the Unit PT.
	It is understood that the event will consist of no more than the authorized patrons and that the event cannot be advertised as "Open to the Public".
	It is understood that I cannot collect an entry fee from my guests for admittance to this event.
	It is understood that I am responsible for the proper conduct of my participants.

The information contained in the application is provided in accordance with Privacy Act of 1974 and it is understood that: Information contained in this application is for membership administration. The information will be used for billing purposes, preparation of membership cards, collection of accounts, determination of eligibility for membership, identification and dissemination of information, Personal written consent will precede the release of this information for other purposes. Failure to complete the application will result in limitations places upon or denial of membership. The statutory authority of collection of the information is 5 USC 301.

The information contained in this application is true to the best of knowledge.

APPLICANT NAME: (PRINT)

APPLICANT SIGNATURE:

DATE:

Office Use Only

APPROVED BY AQUATICS DIRECTOR: YES NO

Aquatic Director's Signature:

Date:

Processed By:

Date:

Comments: