

FGCU TEAM TRAINING REQUEST FORM



Team Info

University/Organization: _____

Are any participants under age of 18? _____

Coach/Contact Person: _____ E-mail: _____

Day Phone: _____ Cell Phone: _____

Mailing Address: _____

Swim Practice Information

Expected number of Swimmers: _____ Number of practices per day: _____

Number of lanes needed LCM: _____ Number of lanes needed SCY: _____

Preferred practice times: _____

Arrival date/time (first practice): _____

Departure date/time (last practice): _____

Comments: _____

Dive Practice Information

Number of Divers: _____ Number of practices per day: _____

Number of boards needed (1-meter and/or 3-meter): _____

Preferred practice times: _____

Arrival date/time (first practice): _____

Departure date/time (last practice): _____

Comments: _____

Fitness Center Information *(All participants using the Fitness Center must be 18 years of age or older.)*

Number of athletes: _____ Requested days: _____

Preferred Fitness Center usage time(s): _____

Comments: _____

Other

Do we have permission to provide info to Lee County Sports Authority: Yes No

Do we have permission to provide info to other teams training at FGCU: Yes No

Any other special requests/accommodations: _____

*For questions or additional information please contact:
Niya Sparks, Facility Operations Coordinator | nsparks@fgcu.edu | 239-590-7703-Direct
FGCU Campus Recreation | campusrec@fgcu.edu | 239-590-7935-Office*

Date Received: _____