REQUEST FOR USAF SPECIALIZED SPORTS TRAINING (See Private Act Statement on reverse)											
This form may be <i>forwa</i> for signatures.	rded as E	-mail, appropria	_				ge 2 block	ks VI-X will be	e considered substitute		
As authorized in AFI 34	-266/AFI 3	34-277, please o	consider me fo	or participation in US	AF-lev	el sports activ	vities in:				
SPORT				FITION (Air Force, Armed Forces, or name			of other)	DATE	S OF COMPETITION		
I. PERSONAL DATA			•					•			
NAME (Last, First, Middle initial)				GRADE SEX			SOCIAL SECURITY NUMBER				
UNIT	UNIT ADDRESS				BASE						
DATE OF BIRTH (YYYYMMDD)		PLACE OF BIRTH (City, State		ate, Country)	Country) U.S. CITIZEN (B. naturalization)		birth or	irth or PASSPORT NO. & EXP. DATE (If issued)			
WEIGHT				MARITAL STATUS (Married or Single)	arried or Single) WARM L		ATHLETIC UNIFORM SIZES S: T-SHIRTS: POLO:		SHIRTS:		
DEDMANIENT LIONE A		(Street Office)	toto 0 7: 0	Va) DDECENTUS	NAC 45	SHORTS:	ant Offi				
PERMANENT HOME A	DDRESS	(Street, City, St	tate, & Zip Cod	de) PRESENT HO	DME AL	DDRESS (Str	eet, City,	State, & Zip (Jode)		
HOME TELEPHONE (Include area code)				HOMETOWN	HOMETOWN NEWSPAPER (Name and address to include zip code)						
HOME E-MAIL ADDRE	SS (WCAI	P applicant only	/)								
II. MILITARY DATA				,							
DUTY TITLE			AFSC	FLYING STATUS		IME ON	PF	NDING	DATE OF		
5011 11122				(Yes or No)		STATION		S/TDY	SEPARATION		
III. SPORTS EXPERIE	NCE (List	t experience for	sport applied	for only)							
LOCATION SPOI		RT	DATES OF COMPETITION		AWARDS RI	ECEIVED	/NOTEABLE	ACCOMPLISHMENTS			
HIGH SCHOOL											
COLLEGE											
CIVILIAN											
MILITARY											
IV. SIGNIFICANT PER	RFORMAN		1								
EVENT		LOCAT	ION	DATE		R	ESULTS	(Times, finish	, totals, etc.)		

V. REMARKS AND REFERENCES (if more space is required, use bond paper and attach.)										
VI. ATHLETES SIGNATURE	BLOCK									
ATHLETE SIGNATURE BLOCK ATHLETE										
TYPED NAME & GRADE		SIGNATURE	DUTY PHONE (DSN)	DATE						
WORK E-MAIL ADDRESS										
VII. GUDEDVICODE ENDADERMENT DI OCIV										
VII. SUPERVISOR'S ENDORSEMENT BLOCK SUPERVISOR										
TYPED NAME & GRADE		SIGNATURE	DUTY PHONE (DSN)	DATE						
111 ED NAME & URADE			DOTT THORKE (BOLV)							
WORK E-MAIL ADDRESS										
VIII. COMMANDER'S ENDOR	RSEMENT									
		COMMANDER								
TYPED NAME & GRADE		SIGNATURE	DUTY PHONE (DSN)	DATE						
WORK E-MAIL ADDRESS										
Application for specialized training	g is A	pproved Disapproved contingent upon current work	oad and manning. (Place an "X" i	in the appropriate blank.)						
I understand that this individual m	ay be selec	eted for higher-level competition and that the host base con	nmander is authorized to extend his	s/her orders.						
IX. AFPC CAREER FIELD M.	ANAGER	ENDORSEMENT BLOCK (This block applies to Wo	orld Class Athlete Program appli	cants only)						
		AFPC								
TYPED NAME & GRADE		SIGNATURE	DUTY PHONE (DSN)	DATE						
WORK E-MAIL ADDRESS										
Request for release to participate in specialized training is Approved Disapproved. (Place an "X" in the appropriate blank.)										
X. FITNESS CENTER DIRECT	OR BLO	CK								
		FITNESS CENTER DIRECTOR	?							
E-MAIL ADDRESS										
I certify that the statement contained in this application is true and exact to the best of my knowledge. This individual has displayed sufficient competence/skill to compete in the sport ofBOXINGat USAF or higher level. (List name of sport)										
TYPED NAME & GRADE		SIGNATURE	DUTY PHONE (DSN)	DATE						
XI. MAJCOM INDORSEMEN										
		end approval for USAF or higher-level competition.		1						
To HQ AFSVA/SVPAF 10100 REUNION PLACE STE 402	FROM	TYPED NAME, GRADE AND SIGNATURE OF MA.	DATE							
SAN ANTONIO TX 78216-4138		WORK E-MAIL ADDRESS								
PRIVACY ACT STATEMENT: AUTHORITY: 10 U.S.C. 8013 and EO 9397. PRINCIPAL PURPOSES: To assist in the identification of individuals desiring specialized sports training, to determine those qualified for such training, and for										

PRINCIPAL PURPOSES: To assist in the identification of individuals desiring specialized sports training, to determine those qualified for such training, and for use in the administration of specialized training programs.

ROUTINE USES: To administer specialized training programs. Information on this form, including the SSN, is used to identify individuals desiring specialized training. Information furnished may be disclosed to any DOD component orany part thereof, and upon request, to other Federal, State, and local government agencies in the pursuit of their official duties. Information may be released to the United States Amateur Athletic Union, United States Olympic Committee, and to the news media for publicity purposes. It may also be used for other lawful purposes including law enforcement and /or litigation.

DISCLOSURE IS VOLUNTARY: Failure to provide the information, including the SSN, precludes the individual from consideration for specialized sports training.