REQUEST FOR USAF SPECIALIZED SPORTS TRAINING (See Private Act Statement on reverse)												
This form may be forwarded as E-mail, appropriate E-mail forwarding information from members on page 2 blocks VI-X will be considered substitute for signatures.												
As authorized in AFI 34-266/AFI 34-277, please consider me for participation in USAF-level sports activities in:												
AIR FORCE MARATHON CHAL	LENGE (Pleas	e check the app	propri	iate box below)					DATE (	OF COMPETITION		
FULL HALF BOTH (Checking BOTH:				: If not selected for Full, will be considered for the Half)				Septe	mber 19, 2015			
I. PERSONAL DATA												
NAME (Last, First, Middle initial)			GR	GRADE SEX		<	MAJCOM ASSIGNED					
UNIT	BASE					DATE OF BIRTH (YYYYM)			DD)			
WEIGHT							ATHLETIC U	NIFORM	SIZES			
WEIGHT .HEIGHT				WARM UPS:					T-SHIRTS:			
				T			SHORTS:		POLO:			
PRESENT HOME ADDRESS (S	Street, City, Stat	e, & Zip Code)					ESS/HOME TELE					
DEPARTING AIRPORT							ır AF Form 30					
				http:myp	<u>ers.af.ı</u>	mil/	<u>/app/home</u> Su	stainment,	NLT 1	May 2015		
II. MILITARY DATA												
DUTY TITLE		AFSC		YING STATU es <i>or No)</i>	S		ME ON FATION	PENDING PCS/TDY		DATE OF SEPARATION		
III. SPORTS EXPERIENCE (Li	st experience fo	or sport applied	for o	nly)								
LOCATION	SPORT			DATES OF COMPETITION			AWARDS RECEIVED/NOTEABLE ACCOMPLISHMENTS					
HIGH SCHOOL												
COLLEGE												
CIVILIAN												
MILITARY												
IV. SIGNIFICANT PERFORMA	NCE FOR PAS	ST 3 YEARS										
EVENT	LOCATION			DATE			F	RESULTS (Ti	mes, Fini	sh)		

V. REMARKS AND REFERENCES (If more space is required, use bond paper and attach.)								
VI ATVILLENDE CLEAN ATVIDE DI OCIZ								
VI. ATHLETES SIGNATURE BLOCK								
TYPED NAME & GRADE	ATHLETE SIGNATURE	DUTY PHONE (DSN)	DATE					
I YPED NAME & GRADE	SIGNATURE	DUTY PHONE (DSN)	DATE					
WORK E-MAIL ADDRESS			·					
VII. SUPERVISOR'S ENDORSEMENT BLOCK								
SUPERVISOR								
TYPED NAME & GRADE	SIGNATURE	DUTY PHONE (DSN)	DATE					
WORK E-MAIL ADDRESS								
VIII, COMMANDER'S ENDORSEMENT BLOCK								
COMMANDER								
TYPED NAME & GRADE	SIGNATURE	DUTY PHONE (DSN)	DATE					
WORK E-MAIL ADDRESS								
Application for specialized training is Approved Disapproved contingent upon current workload and manning. (Place an "X" in the appropriate blank.)								
· ·	ted for higher-level competition and that the host base com	mander is authorized to extend his	her orders.					
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 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 or any 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.								