

V. REMARKS AND REFERENCES (If more space is required, use bond paper and attach.)

VI. ATHLETES SIGNATURE BLOCK

ATHLETE

TYPED NAME & GRADE	SIGNATURE	DUTY PHONE (DSN)	DATE
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WORK E-MAIL ADDRESS

VII. SUPERVISOR'S ENDORSEMENT BLOCK

SUPERVISOR

TYPED NAME & GRADE	SIGNATURE	DUTY PHONE (DSN)	DATE
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WORK E-MAIL ADDRESS

VIII. COMMANDER'S ENDORSEMENT BLOCK

COMMANDER

TYPED NAME & GRADE	SIGNATURE	DUTY PHONE (DSN)	DATE
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WORK E-MAIL ADDRESS

Application for specialized training is ____ Approved ____ Disapproved contingent upon current workload and manning. (Place an "X" in the appropriate blank.)

I understand that this individual may be selected for higher-level competition and that the host base commander 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.