



**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.

**IX. AFPC CAREER FIELD MANAGER ENDORSEMENT BLOCK** (This block applies to World Class Athlete Program applicants only)**AFPC**

TYPED NAME & GRADE	SIGNATURE	DUTY PHONE (DSN)	DATE
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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 DIRECTOR BLOCK****FITNESS CENTER DIRECTOR**

E-MAIL ADDRESS	
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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 of \_\_\_\_\_ BOXING \_\_\_\_\_ at USAF or higher level.

(List name of sport)

TYPED NAME & GRADE	SIGNATURE	DUTY PHONE (DSN)	DATE
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**XI. MAJCOM INDRORSEMENT**

I have reviewed this application and recommend approval for USAF or higher-level competition.

To HQ AFSVA/SVPAF 10100 REUNION PLACE STE 402 SAN ANTONIO TX 78216-4138	FROM	TYPED NAME, GRADE AND SIGNATURE OF MAJCOM REPRESENTATIVE	DATE
		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 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.