



TORII FITNESS CENTER

COMMANDER'S CUP

Event: _____ Location: _____

Date: _____ Check-in Time: _____ Start Time: _____

Eligibility: Only Army Active Duty, Family Members, DoD/NAF Civilians and Local Nationals with DoD ID over the age of 18 (Active Duty have priority).

Roster Size: _____ Team(s) / _____ Participants per Team

Minimum of _____ Teams / _____ Participants for event to proceed

Registration Deadline: _____

POC/Participant/Captain/Coach Information:

Name: _____ Unit: _____

Phone: _____ Email: _____

Partner/Team Member Information:

NAME	UNIT	PHONE	EMAIL

Authorization for Participation in lieu of PT:

To whom has authority over the following Soldier(s) above,

I, _____, verify that I oversee the Soldier(s)

Rank / Name / Unit

above for physical training (PT).

I will / will not authorize them to attend the event named above during the date(s) listed in lieu of PT.

In addition, I will / will not authorize all Soldiers under my authority to participate in all Commander's Cup events this calendar year: _____.

Year

Signature and Date