

## **TORII FITNESS CENTER**

COMMANDER'S CUP

Event:	Location: Check-in Time:Start Time:		
Date:		_ Check-in Time	Start Time:
			D/NAF Civilians and Local Nationals with DoD
	ID over t	ne age of 18 (Active	Duty have priority).
R	oster Size:	Team(s) /	Participants per Unit
Minin	num of	Teams / Pa	articipants for event to proceed
	Registrati	on Deadline:	
		Participant/Captain/C	
Name:	Unit: Email:		
Phone:		Email:	
Partner/Team Membe	er Information:		
		PHONE	EMAIL
Authorization for Part	ticipation in lieu	u of PT:	
To whom has outhori	ty over the fall	wing Soldior(a) ab	
To whom has authori			erify that Loversee the Soldier(s)
		, <b>v</b>	erify that I oversee the Soldier(s)
above for physical tr	aining (PT).		
I will / will not a	uthorizo thom	to attand the avent	named above during the data(a) listed in liqu
I will / will not a of PT.			named above during the date(s) listed in lieu
In addition, I will /	will not author	orize all Soldiers un	der my authority to participate in all
Commander's Cup e	vents this cale		_•
		Year	

Signature and Date