

## **TORII FITNESS CENTER**

## COMMANDER'S CUP

Event:		Location:			
Date:		Check-in Time: Start Time:			
				Local Nationals with Do	
	-	he age of 18 (Active			
		ter Size: Te	• • • • • • • • • • • • • • • • • • • •		
		n of Teams f	• • •		
			·	_	
	POC/E	Participant/Captain/C	`oach Information:		
Nama					
Dhono:	Unit: Email:				
Phone:		Email:		<del></del>	
Partner/Team Mem	ber Information:				
NAME	UNIT	PHONE		EMAIL	
			_		
۸ <del>دار : داز </del>	4:-:4: : 1:	f DT			
Authorization for Pa	articipation in lie	u of PI:			
To whom has autho	ority over the follo	owing Soldier(s) abo	ove.		
	-		erify that I oversee th	e Soldier(s)	
	Rank / Name / Unit	·	·	` ,	
above for physical	training (PT).				
l will / will not of PT.	authorize them	to attend the event	named above during	the date(s) listed in lieu	
In addition, I will Commander's Cup	/ will not auth events this cale	orize all Soldiers und ndar year: Year	der my authority to pa _·	articipate in all	
		Signature and F	) ata		