



ARMED SERVICES YMCA

18th Annual Combat Fishing Tournament
Wednesday, May 22, 2024

PARTICIPATION APPROVAL FORM

Please note that this signed participation approval form must be uploaded at time of registration. **We do not require a copy of your official leave request or work schedule.**

PARTICIPANT'S INFORMATION

(Please complete this section prior to submitting to your leave manager)

Participant's Name _____ Duty Station _____

Rank _____ Unit _____ Service Branch _____

PARTICIPATION APPROVAL/AUTHORIZATION

(Please have this section completed by your "leave manager" who approves your leave. The signature line is NOT a digital fillable field.)

I verify that the individual listed above has requested to participate in the Combat Fishing Tournament on Wednesday, May 22, 2024 and has currently been approved/authorized to take the day as leave, will be granted permissive TDY, or other arrangements made to ensure participation in the event.

Signature _____ Print First & Last Name _____

Rank _____ Unit _____ Duty # _____ Email _____

Note that the ASYMCA may contact you to verify this information.

If the participant fails to show up to the event, you will be notified.

If you have any questions regarding this event or your service member's participation in the event, please contact the ASYMCA:

Phone: 907-552-9622

Email: events@akasympca.org

