



ARMED SERVICES YMCA

19<sup>th</sup> Annual Combat Fishing Tournament  
Wednesday, May 21, 2025

# 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.**

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## PARTICIPANT'S INFORMATION

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

Participant's Name \_\_\_\_\_ Duty Station \_\_\_\_\_

Rank \_\_\_\_\_ Unit \_\_\_\_\_ Service Branch \_\_\_\_\_

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## 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 21, 2025 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](mailto:events@akasympca.org)

