



ARMED SERVICES YMCA

**13th Annual Combat Fishing Tournament
WEDNESDAY, MAY 22, 2019**

LEAVE VERIFICATION FORM

Please note that this leave verification form must be uploaded during the registration process and does not take the place of the required online registration.

PARTICIPANT'S INFORMATION

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

PARTICIPANT'S NAME _____

RANK _____ UNIT _____ SERVICE BRANCH _____

LEAVE VERIFICATION/AUTHORIZATION

(Please have this section completed by your "leave manager" – who approves your leave)

I verify that the individual listed above has requested to participate in the Combat Fishing Tournament on Wednesday, May 22, 2019 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 _____

Please note that the ASYMCA may contact you to verify this information.

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

Phone: 907-552-9622

E-mail: welcome.center@akasyymca.org

10449 Luke Avenue, JBER 99506

