



## ADVANCEMENT FORM FOR HIGHER-LEVEL CONUS COMPETITION

### PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

Participants must attest to their availability for the advanced competition by completing and turning in this Advancement Form prior to the Armed Forces Championship Organization Meeting. This will allow the Armed Forces Team Selection Panel a complete list of fully available candidates prior to the scheduled Armed Forces Team Selection Meeting. Participants competing in CISM Championships hosted in the United States must have in their possession, proper military uniforms. Failure to submit this form will disqualify participants in advancing to higher level competition.

### PLEASE CLEARLY PRINT INFORMATION

NAME \_\_\_\_\_ RANK \_\_\_\_\_

SERVICE/INSTALLATION LOCATION \_\_\_\_\_

WORK PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Are you authorized and committed to advance to higher-level competition if selected?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes", complete all entries on the form, sign, and turn into respective Service Representative; if you are not available for higher-level competition, simply sign and turn into respective Service Representative.

Sizing Requirements: Warm-up (Unisex) \_\_\_\_\_ Competition Uniform \_\_\_\_\_

T-shirt (Unisex) \_\_\_\_\_ Polo (M) \_\_\_\_\_ (F) \_\_\_\_\_ Shorts (M) \_\_\_\_\_ Shorts (F) \_\_\_\_\_

I currently HAVE/DO NOT HAVE the following items in my possession for CISM competition:

- ✓ Proper Military Uniform (for CISM) Yes \_\_\_\_\_ No \_\_\_\_\_
- ✓ Military ID Card Yes \_\_\_\_\_ No \_\_\_\_\_

IMPORTANT COMMITMENT NOTE: If after being selected, you opt not to stay or advance with the team for reasons other than a military or personal emergency, you will not be considered for Armed Forces higher-level competition the following year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **FOR COMBAT SPORTS ONLY (Wrestling, Boxing, Judo & Taekwondo)**

Certified Weight on Final Day of Training Camp \_\_\_\_\_

NOTE: Competitor must be within 7% (or less) of their respective competition weight. Weight requirements more restrictive than the 7% will be established by the Head Coach.

Signature of Certifying Medical Official (Print Name and Sign)

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Team Captain (Print Name and Sign)

\_\_\_\_\_ Date \_\_\_\_\_