



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 _____

PERSONAL PHONE _____ E-MAIL (2) _____

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 it, and turn it into your respective Service Representative; if you are not available for higher-level competition, simply sign it and return form to your 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 events) Yes ___ No ___

✓ Military ID Card Yes ___ No ___

IMPORTANT COMMITMENT NOTE: If, after being selected, you opt not to advance with the team for reasons other than a verifiable military or personal emergency, you will become ineligible 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% may 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 _____