



15th Annual Combat Fishing Tournament
Wednesday, May 26, 2021

LEAVE VERIFICATION FORM

Please note that this leave verification form must be uploaded into your household account prior to registering and does not take the place of the required online 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 _____

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 26, 2021 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 and 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 the event, please contact the ASYMCA:

Phone: 907-552-9622

Email: events@akasyymca.org

