

# 1 SOFSS Hurlburt Field Sports and Fitness

**SPORT:** \_\_\_\_\_

**TO:** SSgt Luis J. Valencia  
1SOFSS/SVMP

**Leagues**  
**Mon/Wed or Tues/Thurs**  
**CIRCLE ONE**

**SQUADRON'S NAME**

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**(INSTRUCTIONS: CIRCLE APPROPRIATE REPLY)**

1. We will enter **NO** or **1** **2** teams.

2. If no team – **SUBMIT INDIVIDUAL NAMES** to the fitness center for entry in the player's pool. **DEPENDENTS who** are at least 18 yrs old and out of high school can participate.

\_\_\_\_\_/\_\_\_\_\_  
**Print Coaches Name Rank Duty phone**

\_\_\_\_\_/\_\_\_\_\_  
**Print Assist. Coaches Name Rank Duty phone**

\_\_\_\_\_/\_\_\_\_\_  
**Print Sports Council Rep Rank Duty Phone**

\_\_\_\_\_  
**Unit Commander's Signature and Signature Block**