

OUT SERVICE REQUEST FORM

CIVILIAN SPORTS COMPETITION

SECTION 1 – PERSONAL INFORMATION

SERVICE NUMBER	RANK	FIRST NAME	LAST NAME	DOB (DD-MM-YY)
MAILING ADDRESS (STREET)		CITY	PROVINCE	POSTAL CODE
WORK PHONE #	PRIMARY PHONE #	UNIT	EMAIL	
VALID FORCE EVALUATION COMPLETION DATE (DD-MM-YY)		VALID BASIC MILITARY SWIM STANDARD COMPLETION DATE (DD-MM-YY) IF APPLICABLE		

SECTION 2 – EVENT/COMPETITION INFORMATION

EVENT/COMPETITION TITLE	SPORT
DATES INCLUDING TRAVEL (DD-MM-YY TO DD-MM-YY)	LOCATION
NAME OF THE ORGANIZATION OR SPORTS GOVERNING BODY CONDUCTING THE EVENT/COMPETITION	LEVEL OF COMPETITION
IF APPLICABLE, DO YOU INTEND TO CONTINUE ONWARD TO SUBSEQUENT EVENTS/COMPETITIONS?	
IF YOU ANSWERED YES, PLEASE LIST THE SUBSEQUENT EVENTS/COMPETITIONS, LOCATIONS, DATES AND LEVEL BELOW.	

SECTION 3 – ATHLETIC INFORMATION

DETAILS OF PREVIOUS TRAINING OF COMPETITION EXPERIENCES WITHIN THE SPORT.
DETAILS OF YOUR PREPERATION/TRAINING FOR THE REQUESTED EVENT/COMPETITION.
DETAILS OF QUALIFICATIONS AND CERTIFICATIONS RELATED TO THE EVENT/COMPETITION (IF APPLICABLE).
WILL YOU BE REPRESENTING THE CANADIAN ARMED FORCES OR THE CIVILIAN ORGANIZATION?

SECTION 4 – COMBATIVE SPORTS INFORMATION (IF APPLICABLE)

STATEMENT ON HOW THE SPORT RELATES TO THE MILITARY SERVICE OR THEIR MILITARY OCCUPATION CODE (MOC)

DETAILS OF PREVIOUS EXPERIENCE IN THE SPORT, INCLUDING TRAINING AND ANY RELEVANT CERTIFICATIONS

THE EVENT/SPORT RULES AND REGULATIONS INCLUDING DETAILS OF WEIGHT CLASS

DETAILS OF MEDICAL STAFF AVAILABLE ON SITE

SECTION 5 – EXTREME SPORTS INFORMATION (IF APPLICABLE)

STATEMENT ON HOW THE SPORT RELATES TO THE MILITARY SERVICE OR THEIR MILITARY OCCUPATION CODE (MOC)

DETAILS OF PREVIOUS EXPERIENCE IN THE SPORT, INCLUDING TRAINING AND ANY RELEVANT CERTIFICATIONS

IDENTIFICATION OF RISKS AND STEPS TAKEN TO MITIGATE THEM

DETAILS OF MEDICAL STAFF AVAILABLE ON SITE

SECTION 5 – FINANCIAL SUPPORT REQUEST

DO YOU REQUIRE ANY FINANCIAL SUPPORT?	IF YOU ANSWERED YES, WHICH LEVEL OF FINANCIAL SUPPORT ARE YOU REQUESTING?
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IF YOU REQUIRE ANY FINANCIAL SUPPORT, COMPLETE THE FOLLOWING EVENT/COMPETITION EXPENSE BUDGET: Accommodations Meals Transport Registration Fees Other Additional funds already received Total Expenses	ADDITIONAL NOTES/JUSTIFICATIONS (IF APPLICABLE):
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SECTION 6 – ACKNOWLEDGEMENT OF LIMITATIONS WHILE PARTICIPATING IN CAF SPORTS

References:
A. CBI 209.015 – Transportation and travelling expenses
B. CBI 209.25
C. CBI 209.30

I agree to waive my temporary duty (TD) entitlements as outlined in ref A.

I will travel on TD but will waive the following entitlements:

- Incidentals
- Meals
- Accommodations
- Transport

I have been fully briefed on my entitlements and limitations while I am participating in subject event/competition.

Rank Print Full Name Signature Date (DD-MM-YY)

SECTION 7 – REQUEST SUBMITTED BY

RANK	FIRST NAME	LAST NAME	UNIT
Signature _____			ADDITIONAL NOTES (OPTIONAL)
Date _____			

SECTION 8 – UNIT COMMANDING OFFICER (CO) RECOMMENDATION

RANK	FIRST NAME	LAST NAME	UNIT
Signature _____		Date _____	REQUEST <input type="text"/>

SECTION 9 – FITNESS, SPORTS AND RECREATION (FS&R) MANAGER RECOMMENDATION

RANK	FIRST NAME	LAST NAME	UNIT
Local Personnel Support Programs will support this member with the following allocated funding:			<input type="text" value="\$"/>
Signature _____		Date _____	REQUEST <input type="text"/>

SECTION 10 – WING COMMANDER’S (WC) RECOMMENDATION / APPROVAL

RANK	FIRST NAME	LAST NAME	UNIT
Signature _____		Date _____	REQUEST <input type="text"/>

REMINDERS

- Letter of qualification/selection or proof of registration of the subject event/competition must be attached to this request;
- When applicable, funding allocations can be claimed after your event/competition by completing and returning the NPF Claims Form with all your scanned receipts to your base’s PSP Sports department.