



## U.S. ARMY COMBATIVES SCHOOL

### Competitor Information

|  |            |   |               |                        |         |            |
|--|------------|---|---------------|------------------------|---------|------------|
| Name (Last, First, MI):  |            | SSN:                                    | MOS:          | Age:                   | Gender: | Contact #: |
| Post:  | Unit:      | Unit POC:                               | Unit Phone #: | E-Mail Address (main): |         |            |
| If National Guard or Reserve, please enter which and for what state: |            |   |               |                        |         |            |
| Home of Record Mailing Address:                                      |            |   |               |                        |         |            |
| Housing Information (Name, Room #, Address):                         |            |   |               |                        |         |            |
| Next of Kin (Last, First):   |            |   | Relationship: | Contact #:             |         |            |
| Next of Kin Address:   |            |   |               |                        |         |            |
| Have you had LASIC or other eye surgery?                             | YES        | If YES, how long ago?                   |               |                        |         |            |
| Have you suffered any head trauma?                                   | YES        | If YES, how long ago?                   |               |                        |         |            |
| Are you currently on a Profile?                                      | YES        | If YES, for what & when does it expire? |               |                        |         |            |
| Requested Class Date   | Start Date | Alternate Class Dates                   |               |                        |         |            |