



MILITARY SKILLS NATIONAL COMPETITION ENTRY FORM

(Fax to 086 560 9085 / E-mail: rfcmilcompsa@gmail.com before 31 August 2015)

Competitor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Force Number</i>	<i>Rank</i>	<i>Surname</i>	<i>Initials</i>
Unit Name	<input type="text"/>			
Unit Postal Address	<input type="text"/>			<input type="text"/>
			<i>Postal Code</i>	<i>Gender</i>
Unit Phone No	<input type="text"/>	Unit Fax Number	<input type="text"/>	
E Mail Address	Unit <input type="text"/>	Member <input type="text"/>		
Unit Formation	<input type="text"/>		Competitor Contact No	<input type="text"/>
Date of Birth	<input style="width: 10%; text-align: center;" type="text"/> <i>dd/mm/year</i>	Age <input style="width: 10%;" type="text"/>	ID Number	<input style="width: 20%;" type="text"/>
Service	Army <input type="checkbox"/>	Air Force <input type="checkbox"/>	Navy <input type="checkbox"/>	SAMHS <input type="checkbox"/>
				Other <input type="checkbox"/>
Type of Transport	<input type="checkbox"/> BUS	<input type="checkbox"/> CAR	<input type="checkbox"/> AIR	<input type="checkbox"/> MILITARY
	T- Shirt Size		<input type="checkbox"/> S	<input type="checkbox"/> M
			<input type="checkbox"/> L	<input type="checkbox"/> XL
			<input type="checkbox"/> 2X L	<input type="checkbox"/> 3X L
			<input type="checkbox"/> 4X L	<input type="checkbox"/>
Medical Classification	<input type="text"/>		Medical Deficiencies	<input type="text"/>
Fitness Level	<input type="checkbox"/> 2,4 km in 12 minutes		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medically Fit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dietary Requirement	<input type="text"/>
9mm Pistol Competence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Water Orientation	<input type="checkbox"/> Competent
				<input type="checkbox"/> Not Yet Competent
Confirmation by Competitor	I hereby confirm that the above information is correct.		Signature of Competitor	<input type="text"/>
			Date	<input type="text"/>
I hereby confirm that the above competitor is a member of this unit. I authorise his/her participation in the Military Skills Competition and confirm man days are available. I hereby confirm that the above information is correct.				
Unit Commander Name	<input type="text"/>		Signature	<input type="text"/>
Date	<input type="text"/>		For Official Use: Accepted	<input type="checkbox"/> Yes
				<input type="checkbox"/> No