PFC AND FIELD REQUEST FORM

Mountaineer Fitness Center · USAG Rheinland-Pfalz · Fitness, Athletics & Aquatics

Submit two weeks before the event to the Chief, Fitness, Athletics and Aquatics, during the duty day 0800–1700. Acknowledged in writing by the Fitness Facility Manager.

DATE * | **FROM (UNIT NAME)** * | **FACILITY / FIELD REQUESTED** *

1. EVENT DETAILS

TYPE OF ACTIVITY * | **DATE OF EVENT** * | **FROM** * | **TO** *

SET-UP DATE | **FROM** | **TO** | **SET-UP BY WHOM** | **WHERE**

EQUIPMENT FOR SET-UP | **REHEARSAL DATE** | **FROM** | **TO** | **APPROX. ATTENDING** *

The organization sets up and cleans up in accordance with the SOP. Units bring their own chairs, tables and equipment.
No food in the facilities. PFCs provide floor covering and the facility or field only.

2. MEDIA COVERAGE, FLAG OFFICERS AND ALCOHOL

MEDIA COVERAGE TO INCLUDE AFN? ☐ YES ☐ NO **FLAG OFFICERS ATTENDING?** ☐ YES ☐ NO *If yes — attach the list of flag officers.*

IF MEDIA: POC NAME, UNIT AND CONTACT NUMBER | **ALCOHOL? (GARRISON CDR APPROVAL)**

3. COMBATIVES TRAINING (COMPLETE ONLY IF APPLICABLE)

a. Clear usage through the fitness facility staff. b. Attach the training risk assessment signed by unit leadership (CDR or 1SG).
c. Follow the requirements in FM 3-25.150. Mats must be disinfected after use.

☐ **Risk assessment attached and signed by CDR or 1SG**

4. INDIVIDUALS RESPONSIBLE FOR THIS EVENT

PRIMARY — NAME * | **UNIT** * | **RANK** * | **DSN** * | **CELL** *

ALTERNATE — NAME | **RANK** | **PHONE**

5. SIGNATURES

1SG / CDR OR XO | **FITNESS FACILITY MANAGER** | **SUPERVISORY SPORTS SPECIALIST**

DATE | DATE | DATE

A designated representative may sign on behalf of the Fitness Facility Manager or the Supervisory Sports Specialist.

SEND THE COMPLETED FORM TO THE FITNESS FACILITY MANAGEMENT TEAM

Scan the code to open a pre-addressed email · DSN 531-3404 · BLDG 8220

Submit two weeks prior to the event. Retain and dispose IAW AR 25-400-2 (ARIMS) and DA PAM 25-403.