



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 375TH AIR MOBILITY WING (AMC)

MEMORANDUM FOR 375 FSS/FSVS

FROM: (Your Squadron)

SUBJECT: Quarterly Physical Training Reservation Request

1. In Accordance with the FSS/CC Reservation Policy for the Scott AFB Fitness Centers, I would like to request a quarterly reservation for the following:

a. Quarter: (check upcoming quarter)**

2nd Quarter: April - June 2022 (Submission due date on or after 15 MAR)

b. Area Selection for Reservation: (check space(s) requested)

- Aerobics Room (Fitness Center) Spin Room (Fitness Center)*Spin Instructor certification required
Basketball 1/2 Court Basketball Full Court (James Sports Center) *50 patrons+

1.1: Approximate number of personnel: _____

1.2: If reservation is for more than 50; full court reservations can be requested.

c. Day(s) of Week Requested:

- Monday Wednesday Thursday Friday

Time Requested: _____

1.1: No more than 30 minute time increments allowed.

1.2: No more than two days a week unless a special request is submitted.

2. Listed below are my units authorized Physical Training Leaders (PTL's)

Primary PTL Name: Alternate PTL Name:

DSN Duty Phone: DSN Duty Phone:

Email: Email:

3. I understand that submission of this form is only a request and not a guaranteed confirmation of quarterly reservations for my unit.

NOTES:

3.1: The Fitness Staff will notify each primary and alternate PTL of their reservation confirmation by email address listed above once assigned. Reservations are assigned by those who turn in their letter first. All letters will be hand carried to the James Sports Center Bldg. 1987.

3.2: Please maintain a copy of this document that has been signed by the PTL and the Fitness Staff member who received it.

PTL Signature: _____

Date: _____

DATE RECEIVED:
TIME RECEIVED:
STAFF MBR NAME:
SIGNATURE: