

RUN FOR YOUR LIFE APPLICATION (USAREUR PAM 215-10)		CONTROL NUMBER
NAME (LAST, FIRST M.)	RANK:	DATE:
UNIT/COMPANY	COMMUNITY	APO
EMAIL: _____		
DUTY: _____ HOME: _____ CELL: _____		
I AM ENTERING THE FOLLOWING PHASE OF THE RUN FOR YOUR LIFE PROGRAM <input type="checkbox"/> 6-WEEK PREPARATORY PHASE <input type="checkbox"/> 9-WEEK CONDITIONING PHASE <input type="checkbox"/> SUSTAINING PHASE TO THE BEST OF MY KNOWLEDGE I AM IN GOOD HEALTH AND I VOLUNTARILY ELECT TO PARTICIPATE IN THE "RUN FOR YOUR LIFE PROGRAM" _____ SIGNATURE		