

ARMY NATIONAL GUARD WARRIOR TRAINING CENTER

ENROLLMENT FORM

NAME (Last, First, MI)	RANK	LAST 4 OF SSN	MOS / BRANCH
------------------------	------	---------------	--------------

UNIT (CO, BN, BCT, and Address)	UIC
---------------------------------	-----

Soldier successfully completed the APFT, IAW FM 7-22 Within 30 days of class start date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

SCORE	PU (RAW)	SU (RAW)	RUN (TIME)	SCORE	AGE	DATE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
-------	----------	----------	------------	-------	-----	------	-------------------------------	---------------------------------

1. Soldier meets height / weight standards IAW AR 600-9	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Soldier has a MEDPROS print out to verify a physical within 5 years If over 40, physical must be within one year of class start	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Soldier has a completed Physical Health Assessment (PHA)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Soldier has received 3 copies of orders	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Soldier has a current / valid ID Card and ID Tags	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Soldier has military specification eye glasses if needed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Soldier has all required equipment per WTC packing list	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Soldier has received specific instructions for transportation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Soldier has emailed or faxed a flight itinerary to the hosting unit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Soldier is driving POV more than 100 miles If driving more than 100 mi, Soldier will be required to stay over night after graduation	<input type="checkbox"/> YES	<input type="checkbox"/> NO

INITIAL			
AIR ASSAULT COURSE	Soldier	1st Line Leader	CDR
COURSE INFORMATION			
COURSE #			
LOCATION			
REPORT DATE			
START DATE			
END DATE			

INITIAL			
RAPPEL MASTER COURSE	Soldier	1st Line Leader	CDR
COURSE INFORMATION			
COURSE #			
LOCATION			
REPORT DATE			
START DATE			
END DATE			

INITIAL			
PATHFINDER COURSE	Soldier	1st Line Leader	CDR
COURSE INFORMATION			
COURSE #			
LOCATION			
REPORT DATE			
START DATE			
END DATE			
PULHES			
GT SCORE			

I have completed all listed tasks as noted above and have all required documents listed above.

SOLDIER'S SIGNATURE	PRINTED NAME	DATE
---------------------	--------------	------

COMMANDER CONTACT INFORMATION

OFFICE: () CELL: () EMAIL:

SIGNATURE	PRINTED NAME	DATE
-----------	--------------	------

1SG OR READINESS NCO CONTACT INFORMATION

OFFICE: () CELL: () EMAIL:

SIGNATURE	PRINTED NAME	DATE
-----------	--------------	------

FOR MORE INFORMATION VISIT: <https://www.benning.army.mil/tenant/wtc>