RUN FOR YOUR LIFE APPLICATION			CONTROL NUMBER
	(USAREUR PAM 22	15-10)	
NAME (LAST, FIRST M.		RANK:	DATE:
UNIT/COMPANY		COMMUNITY	APO
EMAIL:			
DUTY:	HOME:	CELL:	
I AM EN	TERING THE FOLLOV	VING PHASE OF THE RUN FOR '	YOUR LIFE PROGRAM
6-WEEK PREPARATO	RY PHASE	9-WEEK CONDITIONING PHAS	E SUSTAINING PHASE
TO THE BEST OF		M IN GOOD HEALTH AND I VOLUN "RUN FOR YOUR LIFE PROGRAM"	TARILY ELECT TO PARTICIPATE
		SIGNATURE	

AE FORM 215-10A-R

THIS EDITION REPLACES AE FORM 2367-R, DTD MAR 80 WHICH IS OBSOLETE