DIRECTORATE OF MORALE, WELFARE & RECREATION

REDSTONE ARSENAL CONTRACTOR MEMO FOR MWR FITNESS CENTERS USAGE

FY 2024

SECTION ONE - EMPLOYEE:	
NAME:	DATE OF BIRTH: / /
ORGANIZATION:	
BUILDING/ADDRESS:	
EMPLOYEE'S OCCUPATION:	
HOME PHONE:	WORK PHONE:
SIGNATURE OF EMPLOYEE:	DATE
SECTION TWO - EMPLOYER:	
NAME OF SUPERVISOR:	WORK PHONE:
AND CORRECT AND THAT THE ABOV <u>REDSTONE</u> ARSENAL. I FURTHER U	
SIGNATURE OF SUPERVISOR.	DATE.
SECTION THREE - CONTRACTING OFF CONTRACT #:	ICER: ORGANIZATION:
	ED EMPLOYEE'S ORGANIZATION HAS A CURRENT CONTRACT
BUILDING #:	WORK PHONE:
CONTRACTING OFFICER:	
(PLEASE PRINT)	
(SIGNATURE)	