

**DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON AND FORT HAMILTON
SPORTS & FITNESS CENTER
402 MAC ARTHUR ROAD
BROOKLYN, NY 11252**

0918IMHA-MWR-G

January 30, 2018

MEMORANDUM FOR FORT HAMILTON SPORTS AND FITNESS CENTER

SUBJECT: LETTER OF INTENT FOR: Intramural Volleyball

1. This unit _____ circle: will / will not participate in the 2018 unit Level Volleyball (Teams will consist of 12 players.)

a. The Intramural Volleyball program is scheduled to begin March 27, 2018 and conclude in June 2018. The following championship programs will commence as follows:

2. Our (coach) point of contact will be: (please print name and can be reached at the following number (s). Alternate name below: work number/ cell number

Coach Name: _____
Address: _____
City, NY, Zip: _____
Cell Phone: _____ **Office:** _____ **Home:** _____
E-mail Address: _____
Alternate Name: _____
Cell Phone: _____ **Office:** _____ **Home:** _____
E-mail Address: _____

3. Military teams must submit dates their team will not be able to play based on projected duty commitments. Mission commitments entry must be signed by the Unit Commander.

4. All military teams must submit a copy of their training schedule, team roster and a signed copy of the Waiver and Release of Liability Form for each player. All civilian teams must submit a team roster, NCIC III Background Check and Waiver and Release of Liability Form for each player NLT March 9, 2018.

5. We acknowledge and understand that there will be mandatory coaches and official's clinic/ meeting tentatively scheduled for Tuesday, March 13, 2018. It will be held at the Fort Hamilton Fitness Center Gymnasium at 18:00 hours. If the coach cannot attend a representative must be there from the unit. The season schedule and memorandum of Instruction (MOI) will be given out during this meeting. Submit your Letter of Intent to your Sports Office NLT March 9, 2018.

**6. Point of contact is Peter Luthi at DSN 2-4727 or commercial (718) 630-4727,
E-mail: peter.j.luthi.naf@mail.mil**

Commander Signature/Date
Commander Name: _____
Office/Cell Number: _____
E-Mail Address: _____

If you want to merge with another team, remember the troop strength between the teams that are merging cannot exceed to 150 personnel. Plus a signature must also be obtained from the merging team's commander along with a copy of the alpha roster from each unit in question.