

**FORT KNOX EQUAL OPPORTUNITY LEADERS COURSE (EOLC) ATRRS
REGISTRATION FORM**

1. Full Name: (Last, first, MI): _____

2. Full SSN: _____

3. Rank: _____

4. Duty Position: _____

5. Gender: _____

6. Race: _____

7. MOS: (Enlisted only): _____

8. Branch: (Officer only): _____

9. Check which one applies to you:

Active Duty NG USAR AGR

10. Enterprise Email: _____ .mil@mail.mil

11. Contact number: _____

12. Course Name and Number: (This is the course and class # from ATRRS)

Equal Opportunity Leaders Course # _____

13. Address: _____

City: _____ State: _____ ZIP: _____

14. Security Clearance (Type): _____

15. Unit: _____

16. Unit EOA: _____

17. MACOM: _____

18. Unit Commander or 1SG Name (Last, first, MI): _____

19. Commander or 1SG Signature: _____