USAG CAMP PARKS TSR
(TRAINING SUPPORT REQUEST)

DATE SUBMITTED

For submission of support requests, complete this form and forward/fax to: Training Management Office, ATTN: Range Scheduler Camp Parks Training, Bldg 311 8th Street, Dublin, CA 94568-5201. **TEL: (925) 875-4305/4301/4318, FAX: (925) 875-4306.** Submit request not later than 30 days prior to the training date. Units submitting TSR later than 30 days prior to start of training must submit a "Letter of Lateness" signed by the first O-5 in the chain of command at the time of submission. Attach as enclosures details of any special or unusual support requirements. Please submit all training documents to: **Charquilla.D.McGaffeny.ctr@mail.mil** However, your unit is responsible for all units included in the request. Special Requirements and Resource Request please attach in memorandum format.

NOTE: IN ORDER FOR YOUR TSR TO BE APPROVED, UNIT MUST SUBMIT TRAINING SCHEDULE, DA FORM 1687, DFAC SUPPORT MEMO, COPY OF ASSUMPTION OF COMMAND ORDERS, RISK ASSESSMENT, AND IDENTIFIED COMBAT LIFESAVER(S) ON HAND, IF APPLICABLE.
RANGE AREA REQUIREMENT: UNIT MUST PRESENT THE APPROVED RESERVATION CONTRACT PRIOR TO SIGN OUT OF THE REQUESTED TRAINING AREA(S). ALL TRAINING EVENTS MUST HAVE AT LEAST ONE (1) COMBAT LIFESAVER ON SITE IN ORDER TO CONDUCT EXERCISE.

UNIT NAME:	POC:	TRAINING PERIOD: (MMDDYY)
UNIT ADDRESS:	PHONE:	FROM / TO:
	FAX -OR- EMAIL ADDRESS	TOTAL PERSONNEL STRENGTH TO BE AT CAMP PARKS:
UNIT PHONE:	BRANCH OF SVC: / MACOM/RRC/TAG:	ENVIRONMENTAL POC
UIC:	TRAINING DESCRIPTION:	NAME: / PHONE:
DODAAC:	TYPE OF TRAINING:	

ELEMENTS	Number of Officers	Number of Enlisted	ARRIVAL		DEPARTURE		Mode of Travel
			Date (MMDDYY)	Time (HH:mm)	Date (MMDDYY)	Time (HH:mm)	
Advance Party							
Main Body							
Rear Detachment							

BILLETING REQUIREMENTS: YES ☐ NO ☐
(NOTE: NAF LODGING: Rooms require payment. For reservations call (925) 803-5326.)

AT and IDT: Soldiers on AT will be housed in Troop Billeting; IDT soldiers will be housed in Troop Billeting, if available. UNIT FULL TIME SUPPORT PERSONNNEL will be responsible for the issue/turn-in of rooms/barracks on Monday for their personnel leaving during non-duty hours.

UNIT COMMANDER	DATE(S) REQUIRED (MMDDYY)		NUMBER OF OFFICERS		NUMBER OF ENLISTED		TOTAL NUMBER OF LINEN SETS REQUIRED
	FROM:	TO:	MALE:	FEMALE:	MALE:	FEMALE:	

BUILDING/FACILITY REQUIREMENTS
(Select all that apply)

WASH RACK ☐ PARADE FIELD ☐ ¼ MILE RUN CRSE ☐ 2 MILE RUN CRSE ☐
FLAG POLE AREA ☐ DISTANCE LEARNING FACILITY ☐ GSA VEHICLE_____
DATE: _____TIME: _____ TENT CITY ☐ NETWORK ENTERPRISE CENTER (NEC) SUPPORT (925-875-4664)_____

PARKING/LANDING SPACE REQUIREMENTS
(NOTE: Unit(s) must plan for own POL support using credit card/local purchase)

WHEELED VEHICLES:	POV'S:	AIRCRAFT (Aviation Required)
		NUMBER: _____ TYPE:_____

SITE SUPPORT SERVICES
(NUMBER REQUIRED)

CHEMICAL LATRINE:	HAND WASHING STATION:	DUMPSTER(S)	ICE CONTAINER:	FAX MACHINE:	COPY MACHINE:
		6 Cubic Yard: ____ 40 Cubic Yard: ____			

DINING FACILITY SUPPORT: YES ☐ NO ☐ Note: For all USAR units, food service support, including MREs and training rations, must be approved and coordinated through your Food Program Manager (FPM) and submitted with appropriate memo per AR 30-22, Para. 3-36 to Camp Parks Food Service Office NLT 10 days prior to start of training. Units submitting memo less than 10 day prior to start of training must send a "Letter of Lateness" signed by the first O-5 in the chain of command along with TSR submission. If you are unable to contact your FPM, contact: CW5 Pamela R. Null, CW5,QM,USA Army Reserve Food Advisor: 910-964-4503 Govt Cell 808-271-0183 pamela.r.null.mil@mail.mil . All other branches of service should coordinate directly with Ms. Faye Jenkins-Bellow delois.f.jenkins.civ@mail.mil

AREA (A)			FROM:	TO:
NBC(GAS CHAMBER)	☐	A1		
TAC Landing Zone	☐	A2		
BIVOUAC SITE 1	☐	A3		
BIVOUAC SITE 2	☐	A4		
BIVOUAC SITE 3	☐	A5		
MED SITE 2	☐	A6		
MED SITE 3	☐	A7		
BIVOUAC SITE 4	☐	A8		
HEAT Trainer	☐	A9		
EST 2000 (limits*) Total # of Personnel firing at the EST 2000	☐	A9 EST I/O (Operator)	Rank/Last name	First name
WTT SITE	☐	A10		
DROP ZONE SOUTH	☐	A11		
RAPPEL TOWER	☐	A12		
OBSTACLE COURSE	☐	A13		
AREA (B)				
RANGE CLASSROOM	☐	B6a		
RANGE SHOOT HOUSE	☐	B7		
GARRISON FACILITY				
VEHICLE STAGING AREA	☐			
TSO6C CLASS ROOM (628A)	☐			
B677 AAR CLASSROOM	☐			
BLDG 323 CLASSROOM	☐			
AREA (F)				
FIELD KITCHEN SITE 1	☐	F1		
FIELD KITCHEN SITE 2	☐	F2		
SIM GENADE RANGE PRAC	☐	F3		
BIVOUAC SITE 7	☐	F4		
BIVOUAC SITE 8	☐	F5		
BIVOUAC SITE 9	☐	F6		
AREA (G)				
BIVOUAC SITE 10	☐	G1		
	☐	G2		
ROPE BRIDGE TRAINING SITE	☐	G3		
AREA (J)				
ATGM TRACKING SITE	☐	J1		
MANEUVER AREA	☐	J2		
VECHICLE RECOVERY SITE	☐	J3		
BIVOUAC SITE 11	☐	J4		
BIVOUAC SITE 12	☐	J5		
MOUT SITE	☐			
BIVOUAC SITE 13	☐	J6		
CLASS ROOM	☐	J7		
CLASS ROOM	☐	J8		

AREA (K)				
DEMO RANGE		K1		
BIVOUAC SITE 14	☐	K2		
BIVOUAC SITE 15	☐	K3		
BIVOUAC SITE 16	☐	K4		
LAND NAVIGATION	☐	K5		
SPECIAL K BIVOUAC SITE	☐	K6		
AREA (L)				
(LRC) LEADERSHIP REACTION COURSE	☐	L1		
AREA (M)				
MED SITE 1	☐	M1		
BIVOUAC SITE 17	☐	M2		
BIVOUAC SITE 18	☐	M3		
ALT LAND NAV (UNMARKED)	☐	M4		
PARKING LOT	☐	M5		

* Limits to EST 2000 Usage: Unit must provide a Parks EST 2K I/O (can be from another unit); 2-Days training max + sign out/in

SPECIAL REQUIREMENTS(attach additional sheet if necessary in memorandum format):

****All IED TYPE DEVICES WILL BE CLEARLY MARKED "TRAINING" AND INVENTORIED PRIOR TO CLEARING THE TRAINING AREA**

WEAPONS YES_____ **OR NO**_____
TYPE_____

_____

COMMANDER'S SIGNATURE
or

AUTHORIZED REPRESENTATIVE

_____