



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:
UNIT ADDRESS:
UNIT PHONE:
UIC:
DODAAC:

POC:	
PHONE:	
FAX -OR- EMAIL ADDRESS	
BRANCH OF SVC:	MACOM/RRC/TAG:
TRAINING DESCRIPTION:	
TYPE OF TRAINING:	

TRAINING PERIOD: (MMDDYY)	
FROM	TO:
TOTAL PERSONNEL STRENGTH TO BE AT CAMP PARKS:	
ENVIRONMENTAL POC	
NAME:	PHONE:

ELEMENTS	Number of Officers	Number of Enlisted	ARRIVAL		DEPARTURE		Mode of Travel
			Date (MMDDYY)	Time (HH:mm)	Date (MMDDYY)	Time (HH:mm)	
<i>Advance Party</i>							
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 PERSONNEL 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) 6 Cubic Yard: <input type="text"/> 40 Cubic Yard: <input type="text"/>	ICE CONTAINER:	FAX MACHINE:	COPY MACHINE:
-------------------	-----------------------	--	----------------	--------------	---------------

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

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