

## SINGLE MARINE PROGRAM PARTICIPATION FORM

NAME OF EVENT:			
LOCATION OF EVENT:	D	ATE:	TIME:
PARTICIPANT'S NAME: (LAST, FIRST)			RANK:
DATE OF BIRTH: MALE FEMALE			
COMMAND:	WORK PHONE:	CELL PHONE: _	
PERSONAL EMAIL:			
EMERGENCY POINT OF CONTACT AND RELATIONSHIP TO CONTACT:			
EMERGENCY CONTACT PHONE:			
MARITAL STATUS: ONLY SINGLE SERVICE MEMBERS AND GEOGRAPHICAL BACHELORS CAN PARTICIPATE IN THE SINGLE MARINE PROGRAM TRIPS AND OPPORTUNITIES.   SINGLE GEOGRAPHICAL BACHELOR			
MEDICAL INFORMATION			
<ol> <li>DO YOU HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF? YES NO</li> <li>ARE YOU CURRENTLY ON ANY MEDICATIONS? YES NO</li> <li>DO YOU HAVE ANY ALLERGIES? YES NO</li> <li>IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN BELOW:</li> </ol>			
I AM REQUIRED TO BE A SINGLE Service Member or geographical bachelor in order to participate in the SMP trips and volunteer opportunities. I am required to take the transportation provided by SMP to all the SMP activities. All trips have a 72 hour cancellation policy for you to receive a full refund. Any participant who fails to show up for a trip or volunteer activity without notifying the SMP first, will result in a possible suspension of the right to attend future SMP trips and or activities. I understand that completion of this form by my command does not guarantee event participation. I must complete the registration process with the SMP, which requires event registration, payment if applicable, and the submission of this form. I understand fully that while participating in the event, I am representing the United States Marine Corps and the MWTC SMP. I will conduct myself in such a way to honor both. I know I will be held at a high standard of the utmost ethical and moral behavior. I will be expected to act responsibly in a mature and dependable manner. I affirm that all information on this form is true and correct. I understand that any misleading or incorrect statements may result in the notification of my command's staff noncommissioned offer and/or sergeant major.			
PARTICIPANT'S PRINTED NAME	PARTICIPANT'S SIGNATURE		DATE
COMMAND PARTICIPATION AUTHORIZATION			
NAME (LAST, FIRST) (E-6 and above):		R	ANK:
COMMAND:	E-MAIL ADDRESS: _		<del></del>
CELL PHONE:	_ DUTY PHONE:	WORK PHONE:	
I authorize the above Service Member to participate in the SMP trip or volunteer opportunity and will hold them accountable for attending the event as it is their appointed place of duty. I will ensures that the Service Member shows up on time for the event or activity.			
SIGNATURE:	DATE:		

Completed forms may be submitted in person to the SMP Coordinator at the Fitness Center. They may also be emailed to Kelley.guinther@usmc-mccs.org and must be turned in prior to or at the time of registration and payment. This form does not guarantee or reserve a space until registration and payment are complete. Space on all SMP activities are limited and is on a first come first serve basis. If you have any questions please call 760.932.1522.