

## Form must be completely filled out or it'll be returned.



Full Name			F	Rate/Rank	
Branch					
Command/Unit				☐ Spouse	
Military ID/CAC	☐ 100% Disabled☐ Civilian				
Military ID/DOW #					
Base/Installatio	n				
retired membe	r of the united states	armed forces or a ernment services/	urrently active duty, national guard, res department of war civilian employee. It privileges under false pretenses, which nent for up to 20 years.	is a federal offense (18 usc	
Signature			Date		
Email Address					
Mailing Address	<b>.</b>				
Park Entry Date					
Disneyworld	☐ Hopper	☐ Base	☐ Number of Days or	☐ Salute	
Disneyland	☐ Hopper	☐ Base	☐ Number of Days or	☐ Salute	
Universal	☐ Hopper	☐ Base	☐ Number of Days or	☐ Salute	
Other (please sp	pecify)				
	Ticket Quantity	# of Adu	Its # of Children (Ages 3-9	)	
la	uthorize MWR Naval	•	charge my card for the requested ticke ex fee (if applicable)	ts, along with a	
Please em			il.com. Ticket numbers cannot be giver d tickets are non-refundable and non-tra		

Signature \_\_\_\_\_ Date \_\_\_\_