QUEEN MARY'S DARK HARBOR

SMP TRIP

Saturday, 17 October 2026

SMP TRIP INFORMATION

WHO: 10 Single or Unaccompanied Active Duty Service Members stationed aboard MCAS Miramar.
WHAT: SMP will take 10 Marines to Queen Mary's Dark Harbor for a fun Halloween experience - **Tickets are $40/person and must be purchased through SMP located inside the ADRC, Bldg. 5305. (PAYMENT: CARD ONLY. NO CASH OR TAP TO PAY)**
WHEN: Saturday, 17 October; 1500-0000
MEET: 1500 @ The Active Duty Rec Center, Bldg. 5305 (The HUB) (IMPORTANT – PLEASE BE PROMPT).
DRESS ATTIRE: Appropriate footwear & casual civilian attire, a warm coat is highly recommended.
Reminders: Prior to the trip opportunity, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.

TRIP PARTICIPANT'S INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

YOUR NAME (LAST, FIRST):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:

UNIT:	WORK PHONE NUMBER:	CELL PHONE NUMBER:

MARITAL STATUS INFORMATION:	EMAIL ADDRESS (WORK OR PERSONAL):
CIRCLE ONE: SINGLE GEOGRAPHICAL BACHELOR	

TRIP PARTICIPANT'S MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS & WRITE LEGIBLY)

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)
YES ☐ NO ☐ If yes, please explain: _____
2. Are you currently taking any medication?
YES ☐ NO ☐ If yes, please list all medications: _____
3. Do you have any allergies or dietary restrictions?
YES ☐ NO ☐ If yes, please explain:_____

SMP TRIP CODE OF CONDUCT

I am required to be a Single Service Member or Geographical Bachelor in order to participate in all Single Marine Program (SMP) trips and volunteer opportunities. I am required to take the transportation provided by the Single Marine Program (SMP to and from all SMP trips (NO POVS). All Single Marine Program (SMP) trips are non-refundable, unless stated otherwise by the SMP Coordinator.

I understand fully that while participating in this event I am representing the United States Military and the MCAS Miramar Single Marine Program. I will conduct myself in such a way to honor both. I know I will be held to a high standard of the utmost ethical and moral behavior. I will be expected to act responsibly in a mature and dependable manner. I will be expected not to lie, cheat, nor steal. I will adhere to an uncompromising code of personal integrity, accountable for my actions and holding others accountable for theirs. Both my professional and personal demeanor shall be such that I may take pride in my actions. I affirm that all information entered on this form is true and correct. I understand that any misleading or incorrect statements may result in the notification of my command SNCOIC and/or SgtMaj.

_____	_____	_____
_ PARTICIPANT'S PRINTED NAME	PARTICIPANT'S SIGNATURE	DATE

SNCO OR ABOVE PARTICIPATION AUTHORIZATION

I authorize the above Service Member to participate in this SMP opportunity and will hold them accountable for attending this event. I will ensure the Service Member listed above will show up on time, as this is their appointed place of duty.

SNCO Last, First Name: _____ Contact Number: _____

SNCO or above signature: _____ Date:

****Please turn in the DD FORM 2793 trip form to a SMP staff member at The Active Duty Rec Center, Bldg. 5305 (The HUB).**
****Return digital waivers to ombmiramarsmp@usmc-mccs.org**
DEADLINE TO SUBMIT THIS FORM: THURSDAY, 15 OCTOBER 2026 BY 1600
Authorized patrons of all abilities are welcomed. Please contact SMP staff if reasonable accommodations are necessary.

BELOW FIELDS FOR OFFICE USE ONLY

DATE RECEIVED:_____ TIME RECEIVED:_____ STAFF INITIALS:_____

SINGLE MARINE PROGRAM MCAS MIRAMAR – TRIP WAIVER FORM

Haunted Horror Nights

SMP TRIP

SATURDAY, 24 OCTOBER 2026

SMP TRIP INFORMATION

WHO: **40** Single or Unaccompanied Service Members stationed aboard MCAS Miramar
WHAT: Universal Studios Haunted Horror Nights @ Hollywood, CA - **Tickets are $75/person and must be purchased through the SMP at ADRC, Bldg. 5305.** **(PAYMENT: CARD ONLY. NO CASH OR TAP TO PAY)**
WHEN: **Saturday, 24 October 2026; 1200-0200**
MEET: 1200 @ The Active Duty Recreation Center, BLDG. 5305 (IMPORTANT – PLEASE BE PROMPT).
Reminders: Prior to the trip, you will receive a text message from our SMP Work Cell Phone (858-287-4375), we ask that you reply to any text messages from us in a timely manner. You may text/call the number if you have any questions.

TRIP PARTICIPANT'S INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS BELOW & WRITE LEGIBLY)

YOUR NAME (LAST, FIRST):	RANK:	DATE OF BIRTH:	MALE OR FEMALE:

UNIT:	WORK PHONE NUMBER:	CELL PHONE NUMBER:

MARITAL STATUS INFORMATION:	EMAIL ADDRESS (WORK OR PERSONAL):
CIRCLE ONE: SINGLE GEOGRAPHICAL BACHELOR	

TRIP PARTICIPANT'S MEDICAL INFORMATION (PLEASE COMPLETE ALL REQUIRED FIELDS & WRITE LEGIBLY)

1. Does the participant have any medical conditions that we should be aware of? (for example; diabetic or suffer from seizures.)
YES ☐ NO ☐ If yes, please explain: _____
2. Are you currently taking any medication?
YES ☐ NO ☐ If yes, please list all medications: _____
3. Do you have any allergies?
YES ☐ NO ☐ If yes, please explain:_____

SMP TRIP CODE OF CONDUCT

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I understand fully that while participating in this event I am representing the United States Military and the MCAS Miramar Single Marine Program. I will conduct myself in such a way to honor both. I know I will be held to a high standard of the utmost ethical and moral behavior. I will be expected to act responsibly in a mature and dependable manner. I will be expected not to lie, cheat, nor steal. I will adhere to an uncompromising code of personal integrity, accountable for my actions and holding others accountable for theirs. Both my professional and personal demeanor shall be such that I may take pride in my actions. I affirm that all information entered on this form is true and correct. I understand that any misleading or incorrect statements may result in the notification of my command SNCOIC and/or SgtMaj.

_____	_____	_____
PARTICIPANT'S PRINTED NAME	**PARTICIPANT'S SIGNATURE**	**DATE**

SNCO OR ABOVE PARTICIPATION AUTHORIZATION

I authorize the above Service Member to participate in this SMP opportunity and will hold them accountable for attending this event. I will ensure the Service Member listed above will show up on time, as this is their appointed place of duty.

SNCO Last, First Name: _____ Contact Number: _____

SNCO or above signature: _____Date: _____

****Please turn in the DD FORM 2793 volunteer form that is attached to this sheet to a staff member at the front desk of The Active Duty Rec Center, Bldg. 5305 or the SMP Office.****
DEADLINE TO SUBMIT THIS FORM: WEDNESDAY, 21 OCTOBER BY 1630
Authorized patrons of all abilities are welcomed. Please contact SMP staff if reasonable accommodations are necessary.

BELOW FIELDS FOR OFFICE USE ONLY

DATE RECEIVED:_____ **TIME RECEIVED:**_____ **STAFF INITIALS:**_____