





# SURF LESSONS

## SMP TRIP

### Friday, 26 JUNE 2026



#### SMP TRIP INFORMATION

**WHO:** 10 Single or Unaccompanied Active Duty Service Members stationed aboard MCAS Miramar.

**WHAT:** SMP will take 10 Marines to San Diego beaches for surf lessons

**WHEN:** Friday, 26 June : 0800-1500

**MEET:** 0800 @ The Active Duty Rec Center, Bldg. 5305 (The HUB) (IMPORTANT – PLEASE BE PROMPT).

**DRESS ATTIRE:** Appropriate swimwear, footwear, & outdoor attire for water activity, bring extra pair of civilian attire to change afterward.

**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:

**CIRCLE ONE:** SINGLE    GEOGRAPHICAL BACHELOR

#### EMAIL ADDRESS (WORK OR PERSONAL):

#### 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 volunteer form that is attached to this sheet 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: TUESDAY, 23 June 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:** \_\_\_\_\_



# ZION NATIONAL PARK

## SMP TRIP

**FRI-MON, 19-22 JUNE 2026**



### SMP TRIP INFORMATION

**WHO:** 10 Single or Unaccompanied Active Duty Service Members stationed aboard MCAS Miramar.

**WHAT:** For \$80 SMP will take 10 single/unaccompanied active-duty Marines to an overnight trip to Zion National Park for camping, scenic hikes, canyon and waterfall adventures.

**WHEN:** Friday-Monday, 19-22 June

**MEET:** 0700 Friday, June 19 @ The Active Duty Rec Center, Bldg. 305 (The HUB) (IMPORTANT – PLEASE BE PROMPT).

**DRESS ATTIRE:** Appropriate outdoor attire, swim wear and footwear for hiking and possible water activity, bring extra pair of civilian attire to change afterward. **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:

**CIRCLE ONE:** SINGLE GEOGRAPHICAL BACHELOR

#### EMAIL ADDRESS (WORK OR PERSONAL):

### 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

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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 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: FRIDAY, 12 JUNE 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: \_\_\_\_\_