Thursday, 18 June 2026 from 1500-1800

Single Marine Program SMP HEALTHY COOKING COMPETITION

Required Information **Please Print Clearly** **Scanned or Emailed Waivers Are Not Accepted**

Participant's Name: (Last, First) Rate/Rank: Male or Female:

Battalion: Section: Work Phone Number: Cell Phone Number:

Email: (Work or Personal) *Reminder will be sent to this email* Date of Birth:

MARITAL STATUS INFORMATION: ***Only MCRD San Diego Single Service Members & Geo-Bachelors can participate in SMP Events.***

CIRCLE ONE: Single Geographical Bachelor **(Spouse lives 100 miles or more away)**

FOOD

Do you have any dietary restrictions? **Circle One:** **YES** **NO** If yes, please explain: _____
(for example, dairy, nuts, meats, etc.)

MEDICAL INFORMATION:

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

Code of Conduct

I must be a MCRD San Diego Single Service Member or Geographical Bachelor **(Spouse lives 100 miles or more away)** to participate in this MCRD San Diego Single Marine Program (SMP) trip. I am required to use the transportation provided by the MCRD San Diego SMP to and from this SMP trip (NO POVs). **I will show up on time for events and remain for the entire event**.

I fully understand that while participating in this event, I am representing the United States Military and the MCRD San Diego Single Marine Program. I will conduct myself in a manner that honors both. I understand I will be held to a high standard of ethical and moral behavior and am expected to act responsibly in a mature and dependable manner. I will not lie, cheat, nor steal. I will adhere to an uncompromising code of **personal integrity**, remaining 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 document is true and correct. I understand this event is my appointed place of duty. I acknowledge that any misleading information, inaccuracies, or violations of these statements may result in notification of my command SNCOIC and/or SgtMaj.

_____ _____ _____
Participants Printed Name Participants Signature Date

Participation Authorization (Ensures timely attendance; event is the appointed place of duty)
(SSgt or above Required) Name: (Last, First) _____ Rank: _____
Battalion: _____ Section: _____ Cell Phone (Required): _____
I authorize the above MCRD San Diego Service Member to participate in the SMP Event and will hold them accountable for attending this event.
Date: _____ Signature: _____

Office Use Only:

_____ _____ _____
Date Received Time Received Staff Initials