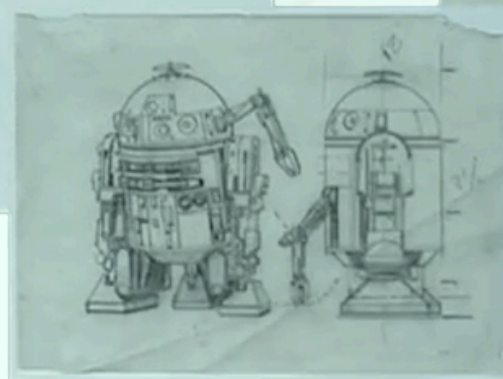




# LUCAS MUSEUM OF NARRATIVE ART



FRIDAY,  
NOVEMBER 6



0900-1800



FREE  
(25 SPOTS)



TRANSPORTATION  
INCLUDED



**WAIVER REQUIRED  
DUE 11.2**

Explore LA's newest modern art campus covering decades of history through art, storytelling, and movie artifacts.

POC: David Gomez



david.gomez@usmc-mccs.org



(619)813-6704

# MCRD SMP PARTICIPATION AUTHORIZATION

Lucas Museum of Narrative Art

06 NOV 2026

0900-1800

Please print and complete in full. Read this Agreement before you sign. Single Marine Program events are open to all Single Service Members and Geo-Bachelors.

## PARTICIPANT INFORMATION

Participant Name (Last, First): \_\_\_\_\_ Rate/Rank: \_\_\_\_\_

Battalion: \_\_\_\_\_ Section: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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## MEDICAL INFORMATION

Does the participant have any medical conditions that we should be aware of? (Diabetic, suffer from seizures, etc.)

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Are you currently taking any medication?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Do you have any allergies or dietary restrictions? (dairy, nuts, meat, etc.)

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

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## CODE OF CONDUCT

I understand that the SMP requires that I be a single Service Member or geographical bachelor in order to participate in MCRD San Diego Single Marine Program (SMP) activities. I will show up on time and stay for the entire event. I understand fully that while participating in this event, I am representing the United States Military. 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 understand that completion of the form by my command does not guarantee event participation. I must complete the registration process, to include event registration, payment if applicable, and submission of this form.

I affirm that all information on this form is true and correct. I understand that any misleading or incorrect information provided, or any violation of these provisions, may result in notification of my command SNCOIC and/or SgtMaj. I understand that all paid SMP activities are non-refundable.

Participant Signature: \_\_\_\_\_

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## PARTICIPATION AUTHORIZATION (SSGT OR ABOVE)

I authorize the above Service Member to participate in the SMP activity and will hold them accountable for attending this event as it is their appointed place of duty. I will ensure that the Service Member shows up on time for the activity/event. I understand that if an incident occurs during the activity/event, I will be contacted.

Name (Last, First): \_\_\_\_\_ Signature: \_\_\_\_\_

Rank: \_\_\_\_\_ Battalion: \_\_\_\_\_ Section: \_\_\_\_\_

Cell Phone (required): \_\_\_\_\_

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## APPROVAL

Single Marine Program Staff

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Time Received

\_\_\_\_\_  
Staff Initial