

MEDIEVAL TIMES

AN EPIC NIGHT OF
DINNER & ACTION!



DATE:
SATURDAY,
AUGUST 15, 2026



TIME:
1230 – 1930



LOCATION:
BUENA PARK



COST:
\$30



SPOTS AVAILABLE:
22 SPOTS

Travel with the SMP to Medieval Times for an evening of live jousting, sword fights, horsemanship, and a four-course meal.



WAIVER REQUIRED –
due on 8/7/26



PAYMENTS WILL BE MADE
AT THE ACTIVE-DUTY CENTER
FRONT DESK, BLDG. 10W.

CONNECT WITH US!



MCRDSDSMP



MCRDSDSMP



SMPMCRDSD

MCRD SMP PARTICIPATION AUTHORIZATION

MedievalTimes 15Aug2026

1230-1930

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: _____

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: _____

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: _____

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): _____

APPROVAL

Single Marine Program Staff

Date Received

Time Received

Staff Initial