

Thursday, 7 May 2026 from 1300-1900

Single Marine Program

SMP SAN DIEGO ZOO TRIP

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 Trips.

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 trips and remain for the entire event. All MCRD San Diego SMP trips are non-refundable.**

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 Trip and will hold them accountable for attending this trip.

Date: _____ Signature: _____

Date Received

Time Received

Staff Initials