



Retirement, Promotion and Reenlistment Ceremonies

Reservation Form

Please complete the following form to request a ceremony date and time. Please allow up to 72 hours for a confirmation.

Name of honoree: _____

Type of Ceremony: _____

Preferred Ceremony Date and Times: Choice 1 _____

Choice 2 _____

Choice 3 _____

Number of Attendees: _____ Officiate: _____

Reception Following Ceremony: Yes No

Contact Name: _____

Phone: _____

E-mail: _____

Unit Affiliation: _____

Comments/Special Considerations (please include equipment needs/music inquiries here):

Please Note: NMMC does not provide a working party for set up or break down.

X_____ I have read and understand the ceremony guidelines.

Initials

Submit this form to Joshua.Stephens@usmcu.edu and ceremonies@marineheritage.org.