



Retirement, Promotion and Reenlistment Ceremonies

Reservation Form

Please complete the following form to request a ceremony date and time. (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: _____

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.

Initial

Submit to joshua.stephens@usmcu.edu .