

## Leisure Travel Services

## Other Tickets Order Form

MEMORANDUM FOR RECORD

PLEASE PRINT CLEARLY

### Purchaser Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Rank / Status: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Park Visit: \_\_\_\_\_

Theme Park / Attraction Name: \_\_\_\_\_

Number of Tickets: \_\_\_\_\_

### Guest Names (Print clearly – one name per ticket)

1.	Age: _____
2.	Age: _____
3.	Age: _____
4.	Age: _____
5.	Age: _____
6.	Age: _____
7.	Age: _____
8.	Age: _____
9.	Age: _____
10.	Age: _____

**Email completed request to:** usarmy.bragg.usag.mbx.dfmwr-tickets-mtp@army.mil

Once your request is received, Leisure Travel will contact you to collect payment over the phone.

I confirm that I am the eligible ID card holder.

Printed Name

Signature

Date

### Ticket Delivery Method

Tickets will be delivered via EMAIL to the address listed above.

Tickets are NON-REFUNDABLE. Leisure Travel is not responsible for lost or stolen tickets.