

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.