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| --- |
| **Flag Raising Information** |
| Name: |  |
| Rank/Rate: |  |
| Branch of Service: | Choose an item. |
| Years of Service (Optional):  |  |
| Notes (If any): |  |
|  |
| **Desired Date** |
| 1st Choice | Click or tap to enter a date. | 2nd Choice | Click or tap to enter a date. |
| No Specific Date [ ]  | ASAP [ ]  |
|  |
| **Out of State Request ONLY** |
| *I will provide payment by:* |
| Check made payable to: [ ]  USS Missouri Memorial Association, Inc. Attn: Special Events Department  63 Cowpens St  Honolulu, HI 96818  |
| Credit Card:  Please see the credit card form enclosed [ ]  Please call be for credit card information [ ]  |
| Cash: [ ]  Please see cash enclosed |
|  |
| **Primary Point of Contact:**  |
| Name & Rank: |  |
| Work Phone: |  |
| Mobile: |  |
| Email: |  |
| **Alternate Point of Contact: (Optional)** |
| Name & Rank: |  |
| Work Phone: |  |
| Mobile: |  |
| Email: |  |
|  |
| If you have any questions, please email military@ussmissouri.org or contact us by telephone at (808) 455-1600 ext. 225. *We will respond to all requests within three business days.* |