|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ceremony Information** | | | | | |
| Name: |  | | | | |
| Unit/Command Name: |  | | | | |
| Rank/Rate: |  | | | | |
| Branch of Service: | Choose an item. | | Active Duty | | Reserves |
| Ceremony Type | **Standing** Choose an item.  Reenlistment (30 Mins)  Promotion/Commissioning (30 Mins)  **Seated** Choose an item.  Promotion/Commissioning (1 Hour)  Retirement (2 Hours)  Change of Command (2 Hours)  Change of Responsibility/ Post and Relief (2 Hours) | | | | |
| Notes (If any): |  | | | | |
| Estimated # of Guests: |  | | | | |
|  | | | | | |
| **Desired Date** | | **Desired Time** | | | |
| 1st Choice | Click or tap to enter a date. | 1st Choice | |  | |
| 2nd Choice | Click or tap to enter a date. | 2nd Choice | |  | |
|  | | | | | |
| **Primary Point of Contact: (Ceremony Coordinator)** | | | | | |
| Name & Rank: |  | | | | |
| Work Phone: |  | | | | |
| Mobile: |  | | | | |
| Email: |  | | | | |
|  | **\*\*if you use Gmail as your email, please check the SPAM folder for the reply\*\*** | | | | |
| **Alternate Point of Contact: (Optional)** | | | | | |
| Name & Rank: |  | | | | |
| Work Phone: |  | | | | |
| Mobile: |  | | | | |
| Email: |  | | | | |
|  | | | | | |
| If you have any questions, please email [military@ussmissouri.org](mailto:military@ussmissouri.org) or contact us by telephone at (808) 455-1600 ext. 225. We will respond to all requests within *three business days.* We process requests for ceremonies by the *order in which the form is received*. Requests fulfilled by **availability**, not guaranteed. | | | | | |