

**MACDILL AFB INFORMATION, TICKETS & TRAVEL**

**Comm: 813-828-2478/2305; DSN: 968-2478/2305**

**Mon.-Fri.: 10am to 5pm; Closed Sat.-Sun.**

**Closed Federal Holidays and limited hours last day of the month for Inventory**

Please fill in the below information and email to [ittmacdill@gmail.com](mailto:ittmacdill@gmail.com).

If you have any questions or concerns please email [vera.greene@us.af.mil](mailto:vera.greene@us.af.mil)

**MAIL ORDERS ARE US LOCATIONS ONLY**

Service Member's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Branch (Active; Reserve; Retired): \_\_\_\_\_ Rank: \_\_\_\_\_

Military ID/CAC Expiration Date: \_\_\_\_\_ Military ID/DOD# \_\_\_\_\_

**I certify the above information is true and that I am currently Active Duty, Reserve in Active Duty Status, a Retired member of the United States Armed Forces receiving full benefits or a Department of Defense Civilian employee. It is a federal offense (18 USC Sec. 1343) to wrongfully obtain government services/privileges under false pretenses, which is punishable by fines and imprisonment of up to 20 years.**

Print First & Last Name: \_\_\_\_\_ Signature: \_\_\_\_\_

<u>Ticket Description</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*Please call and confirm we received your mail order\*\*\***

**\$12 FEDEX FEE FOR TICKETS THAT CANNOT BE SENT BY EMAIL +\$12**

**We will call you to go over your order and take credit card payment.** Grand Total \_\_\_\_\_

Please provide the first and last names of each person needing a ticket for Universal, Busch Gardens, SeaWorld. Write down the age of any children next to the name.

Names: \_\_\_\_\_

I authorize MacDill AFB Information, Tickets & Travel to charge my debit/credit card and I am aware that MacDill AFB Information, Tickets & Travel has a "No Refund or Exchanges" policy.

**MILITARY PROMO TICKETS MUST BE ACTIVATED BY THE MILITARY MEMBER OR SPOUSE AT THE PARK OR GUEST SERVICES, ALSO ONE OF THE TICKETS MUST BE IN THE NAME OF THE MILITARY MEMBER OR SPOUSE. (ONLY EXCEPTION IS IF THE MILITARY MEMBER OR SPOUSE HAS AN ANNUAL PASS)**

**Please sign to verify you have read and understand the statements above.**

Please provide a number where you can be reached: \_\_\_\_\_

Shipping Address (No APO or PO Box): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Someone must be available to sign for the package.**