



MARNE DEPLOYMENT PASS

Please fill out the form along with a copy of deployment orders and return to one of the following locations:

Deployment Fairs, Hay's Library, HAAF Leisure Travel Office

Sponsor's Name (Soldier): _____

Applicant's Name (Spouse): _____

Applicants DOB (Spouse): _____

Applicants e-mail address: _____

Applicant's phone number: _____

Minor(s) Name(s): _____

Minor(s) DOB: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

FOR OFFICIAL USE ONLY

Key FOB#: _____

Received by: _____

Date Received: _____

Orders From & To Date: _____