Leisure Travel Services 2025

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SUBJECT:	Ticket	Order	Form

PLEASE PRINT CL	EARLY
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First Name: LastLast	Rank/Status:
Email Address:	Phone #:
Address:	Date of park arrival
By submitting this request you certify the above inform	mation is true and that you are currently ACTIVE DUTY,
MILITARY RETIRED, RESEVERIST, 100% DISABLED, cur	rrent SPOUSE, DOD Employee (not eligible for Salute).
ID Card required to pick up Tickets. Disney tickets wil	ll be emailed to you, you do not need to come pick them up.
Please fill in the below information and email form to	
usarmy.liberty.id-readiness.mbx.ticket-smtp@arm	y.mil (Copy & Paste)
once we receive the form we will call you to verify the t	tickets you want, the price and get your credit card information.
No tickets will be printed until payment is made.	
TICKETS are NON-	<u>REFUNDABLE</u>
Leisure Travel is no	t responsible for lost or stolen tickets
I confirm that I am the eligible ID card holder and authabove.	norize Leisure Travel to charge my credit card for the amount listed
PHYSICAL SIGNATURE:	DATE

We will call you form payment when we are ready to process.

ID Card	
Holders	
Names:	

D	ate:		

TICKET NAME:

	Name of guest using ticket, PLEASE PRINT CLEARLY USING BLOCK LETTERS (Child is usually 3 – 9)	AGE	Price
Example:	JANE JONES	<mark>32</mark>	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

First Name: _____ Last _____ Rank/Status: _____

Email Address: _____ Phone #:_____