



Operation J.I.N.G.L.E.

OPERATION JINGLE PROGRAM

All Hampton Roads area active duty service members are invited to participate in the 21st Annual Operation Jingle, sponsored by the Hotel/Motel Associations and Convention and Visitors Bureaus from Norfolk and Virginia Beach.

The annual holiday program provides complimentary hotel accommodations to the visiting families of locally stationed service members who are unable to go home for the holidays. Operation Jingle provides a three-night stay in local hotels from 23 – 26 December. To qualify, service members must live aboard ships or reside in one of the local barracks or single sailor PPV housing. Commands must verify that the rooms will be used for families traveling to and from the Hampton Roads area to spend the holidays with their service member. Room availability is limited. Rooms will be reserved on a first come-first-served basis.

To participate, commands must designate a representative as the command's single point of contact to coordinate the delivery of applications and confirmation information with the Norfolk Navy Marine Corps Relief Society. The only charge for the room is a non-refundable reservation fee of \$10.00 per room, per night. The entire reservation fee will be donated to the Navy-Marine Corps Relief Society (NMCRS). Reservation fees ensure that all rooms are used. Hotels require 24 hour cancellation in the event rooms cannot be used.

Deadline for submission is 18 December. Commands may request registration forms from Loretta Russell, Norfolk Navy Marine Corps Relief Society by calling 757.322.1175 or e-mail at Loretta.russell@nmcrs.org.

All incidental expenses incurred during the hotel stay, to include phone calls, laundry services, movies, room service and other meals are the responsibility of the service member reserving the room. Command representatives of underway commands/units unable to meet the December 18 deadline should contact Ms. Russell for more details.

LODGING REQUEST/AGREEMENT
OPERATION J.I.N.G.L.E. 2013
(One application is required for each room desired)

Name (last, first, middle): _____

Rank/Rate: _____

Command: _____

Work phone: _____

Cell phone: _____

Email: _____

Room preference (check one): Double (2 beds) or Single (1 bed)

(As available. Cannot guarantee availability of Requested Room Type)

Special rooms: Smoking Non-Smoking Rollaway bed Crib Handicap

(As available. Cannot guarantee availability of Special Request Rooms)

Location Preference (1st, 2nd): Norfolk Virginia Beach

(Cannot guarantee availability of Location)

Relationship of guests to service member (parents, brother, sister, etc.): _____

Number of guests _____

Dates Room Desired: Dec. 23rd Dec. 24th Dec. 25th

Room Fee: A non-refundable reservation fee of \$10 per room, per night is required. The entire fee will be donated to the Navy-Marine Corps Relief Society. Reservation fees ensure that all rooms are used. Hotels require 24-hour cancellation notice in the event rooms cannot be used.

Cost: \$10 per room per night with Cash, Cashiers Check, or Postal Money Order made payable to:
"Navy-Marine Corps Relief Society"

Check-in: Monday, 23 December after 4 p.m. Check-out: Thursday, 26 December before 11 a.m.

I certify that I am requesting this room for visiting family members and that I reside aboard a Hampton Roads Area based ship or in a Hampton Roads Area military barracks. I assume full responsibility for all incidental expenses and any damages that may be incurred or caused by my guests or myself during their stay as part of "Operation J.I.N.G.L.E."

(Signature of service member)

Are you or your family members willing to talk to news media about Operation J.I.N.G.L.E. Yes No

****TO BE COMPLETED BY COMMAND REPRESENTATIVE****

Command Rep's Name: _____

Alternate Command Rep: _____

Phone: _____

Phone: _____

Email address: _____

Email address: _____

Application verified by: _____
(Signature of command rep)

FORM SHOULD BE FORWARDED NLT 18 DECEMBER TO

Navy-Marine Corps Relief Society,
7928 14th Street, Suite 238, Norfolk, VA 23505-1295
Ph: 757-322-1175 FAX: 757-444-4805
loretta.russell@nmcrs.org

****TO BE COMPLETED BY NMCRS COORDINATOR****

Date/Time received: _____

Confirmation Number: _____

Hotel Assigned: _____

Number of People: _____

Number of Rooms Provided: _____

Amount Received: _____