



CREDO MARRIAGE ENRICHMENT RETREAT – REGISTRATION FORM

It is the Department of Defense's policy to treat all married military couples equally. Marriage Enrichment Retreats are open to all married military couples. The goal of the retreat is to strengthen relationship skills in an environment that is free from the every-day distractions of life. Participants, chaplains, and support personnel in these retreats may have religious views that differ from your own religious views. This retreat will be conducted in a manner that is sensitive to the diverse religious, spiritual, moral, cultural, and personal beliefs of the participants. The chaplain leading this retreat views marriage as being between a man and woman.

If you have any questions about this retreat, please call the CREDO Southeast office at (904) 542-3923. Email your legible and complete registration form to: cnrse-credo@navy.mil or fax it to (904) 542-1223.

Retreat Start Date: _____ Retreat Location: _____

MILITARY MEMBER INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Gender: ☐ Male ☐ Female

Branch of Service: _____ Rank: _____ Rate: _____

Command: _____ Base: _____

Military Email: _____ Work Phone: _____

Personal Email: _____ Cell Phone: _____

Have you attended a CREDO retreat before? ☐ Yes ☐ No If yes, which:

☐ Spiritual Growth ☐ Personal Resiliency ☐ Marriage Enrichment ☐ Family Enrichment

SPOUSE'S INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Gender: ☐ Male ☐ Female

Personal Email: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

REGISTRATION FORM CONTINUED ON THE NEXT PAGE

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PRIVACY ACT STATEMENT

Authority: Title 5 U.S.C. § 301, Departmental Regulations, and in accord with DoD 5400.11-R, “Department of Defense Privacy Program” May 8, 2007, Chapter 2.1.4, the information requested above is for official organizational purposes related to the retreat. The information provided by you will not be divulged to anyone other than those personnel who have a need for the information in the performance of their official duties in accordance with planning and conducting the retreat. Your disclosure is voluntary. However, failure to provide this information may delay, prevent, or otherwise affect the timely acceptance of your registration, and our ability to notify you of retreat related information. Your signature below indicates you have read and understand the Privacy Act Statement:

Signature: _____ Date: _____

COMMAND ENDORSEMENT – REQUIRED FOR E-6 AND BELOW

Initial registration may be submitted without a completed command endorsement. However, no later than 14 days prior to the retreat, you must provide our office with an approved command endorsement.

Attendance at the retreat is ☐ APPROVED ☐ DISAPPROVED

Approval indicates the command authorizes above named military member to leave work with adequate time to travel to the retreat; also, the member will not be assigned duty that conflicts with the retreat.

Rank and Name of Supervisor (E-7 or above): _____

Supervisor Signature: _____ Date: _____

Supervisor Email: _____ Phone: _____