



MARRIAGE ENRICHMENT RETREAT / PERSONAL GROWTH RETREAT REGISTRATION

TYPE: MER PGR

Retreat Date: _____

New Policy: *Authorized users are defined as active duty military members and their dependents and Reservists in active duty status and their dependents. All couples must be legally married as defined by the Defense of Marriage Act and supply date of marriage on all registration forms.*

PARTICIPANT(S) INFO: Male Female

Command: _____

Last Name: _____ First Name: _____

If attending MER, then spouse's name: _____ Date of Marriage: _____

Rate / Rank: _____ Status: Active Duty Reserve Dependant

Component: NAVY MARINE CORPS COAST GUARD ARMY AIR FORCE

Work Phone: _____ DSN: _____

Home Phone: _____ Cell Phone: _____

Home Mailing Address: _____

Email Address: _____

This email will be used to send information about the retreat.

THIS SECTION APPLIES TO DUAL MILITARY MEMBERS:

Rate / Rank: _____ Status: Active Duty Reserve

Component: NAVY MARINE CORPS COAST GUARD ARMY AIR FORCE

Last Name: _____ First Name: _____

Please answer the following:

1. Do you have any medical concerns / religious dietary needs / or any allergies (especially food allergies)? Y N

Describe: _____

Date Received: _____ VIA: EMAIL FAX WALK-IN

CREDO Phone: 904-542-3923 DSN: 942-3923 FAX: 904-542-1223 Email: cnrse_credo@navy.mil

Information in this form to be used by CREDO STAFF ONLY