



Southeast Retreat Registration

TYPE: MER PGR SGR

Retreat Date: _____

New Policy: ACTIVE DUTY, RESERVES (SERVING ON ACTIVE STATUS), WILL BE PLACED ON THE PRIMARY LIST UNTIL DEADLINE OF THE RETREAT. RESERVES, RETIREES, AND DOD CIVILIAN WILL REMAIN ON STANDBY UNTIL ACTIVE DEADLINE IS CLOSED.

PARTICIPANT(S) INFO: Male Female

Command: _____

Last Name: _____ FIRST NAME: _____

If attending MER, then spouse's name: _____

How did you hear about this retreat: _____

Rate/Rank: _____ Active Duty Reserve Retired Dependant DOD Civilian
 NAVY MARINE CORPS ARMY AIR FORCE COAST GUARD

Work Phone: _____ DSN: _____

Home Phone: _____ Cell Phone: _____

Home Mailing Address _____

***E-mail: _____

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

THIS SECTION APPLIES TO DUAL MILITARY MEMBERS:

Rank/ Rate: _____ Active Duty Retired Reserve
 NAVY MARINE CORPS ARMY AIR FORCE COAST GUARD

Last Name: _____ First Name: _____

Please answer the Following:

1. Are you under a doctor's care? Y N

Doctor's name: _____ Phone: _____

2. (Women) Are you pregnant? Y N

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

Describe: _____

Date Received: _____ VIA: FAX PHONE IN PERSON by _____

**CREDO phone: 904-542-3923 DSN: 942-3923 FAX: 904-542-1223
Information in this form to be used by CREDO ONLY**