

MFR 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 legally married military couples with spouses ID. The goal of these retreats is to strengthen relationship skills in an environment that is free from the everyday distractions of life. Participants, chaplains, and support personnel in these retreats may have religious views that differ from your own religious views. Chaplains conduct retreats in a manner that is sensitive to the diverse religious, spiritual, cultural, and beliefs of the participants. Please call or email your questions to the CREDO office at 504-697-8092 – mfr_retreats@usmc.mil

MILITARY MEMBER INFORMATION: (Please print legibly)

DOD ID #: _____

Last Name: _____ First Name: _____ MI: _____ Gender: _____

Branch of Service: _____ Rank/Rate: _____ Years of Service: _____

Command: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

SPOUSE INFORMATION: (Please print legibly)

Last Name: _____ First Name: _____ MI: _____ Gender: _____

Branch of Service: _____ Rank/Rate: _____ Years of Service: _____

Permanent Command: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Date of Marriage: _____

Prior CREDO programs last attendance date: _____ Select Yes or No for prior attendance:

Personal Resilience Retreat _____ Marriage Enrichment Retreat _____

Emergency contact Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

COMMAND ENDORSEMENT

My command has given me permission to attend this event: _____

Rank and Name of Supervisor (E7 & above): _____

Supervisor phone: _____ Supervisor's e-mail: _____

MARINE FORCES RESERVE CREDO

Date of retreat you want to attend: _____ Location: _____

Street Address (traveling from): _____

City: _____ State: _____ Zip code: _____

Do you have any food allergies or restrictions? _____

If Yes, please list _____

COMMAND CONTACTS

Commanding Officer (CO) Name: _____

Commanding Officer (CO) Email: _____

Command Senior Enlisted Name: _____

Command Senior Enlisted Email: _____

To register for the Marriage Enrichment Retreat either:

- ✓ Fax all completed forms to 504-697-9772, Attn: CREDO Coordinator
- ✓ Email all completed forms to: MFR_Retreats@usmc.mil

Registrations accepted in the order received.

PRIVACY ACT STATEMENT

Under the authority of 5 U.S.C. 301 (department regulations), the above requested information is used for keeping record of all personnel who participate in the CREDO program. The above information will create a roster for use before, during, and after your retreat. Furnishing this information is encouraged but not mandatory. Photos for historical record and promotion of CREDO are taken during retreats. If you do not want your picture taken or shared, please inform the CREDO staff upon your arrival at your retreat.

Today's Date: _____

Signature: _____