



Marriage Enrichment Retreat Registration

CREDO OKINAWA
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Off Base: 098-970-6772
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PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of this data collection and how the collected data will be used. Please read it carefully. Under the authority of 5 U.S.C 301 (Departmental Regulations) CREDO Okinawa requests the information below to create a participant roster and to provide demographic information to retreat instructors. Upon completion of the retreat, this registration form and physical rosters will be destroyed. For auditing purposes, a roster comprised only of participants' names, ranks and assigned commands, along with a signed muster will be preserved electronically.

MILITARY MEMBER INFORMATION: (Please print legibly.)

Last Name: _____ First Name: _____ MI: ____
Gender: _____ Branch of Service: _____ Rank: _____ Years of Service: _____
Command: _____ E-Mail Address: _____
Work Phone: _____ Home/Cell Phone: _____
Food Allergies/Restrictions: _____

SPOUSE'S INFORMATION: (Please print legibly. Fill out only what applies.)

Last Name: _____ First Name: _____ MI: ____
Gender: _____ Branch of Service: _____ Rank: _____ Years of Service: _____
Command: _____ E-Mail Address: _____
Work Phone: _____ Home/Cell Phone: _____
Food Allergies/Restrictions: _____
Date of Marriage: ____/____/____ Number of Children: _____

EMERGENCY CONTACT: Name: _____ Relationship: _____

Work Phone: _____ Home/Cell Phone: _____

Requested Retreat Location: _____ Requested Retreat Dates: _____ to _____
Note: If registration is full, you will be automatically placed on the stand-by list and will be given the opportunity to pre-register early for the next marriage enrichment retreat.

Please note any prior CREDO programs you have attended, either here or at a previous duty station:

- Personal Resiliency Retreat Marriage Enrichment Retreat Family Enrichment Retreat
- Personal Resiliency Workshop Marriage Enrichment Workshop Family Enrichment Workshop
- ASIST Workshop safeTALK Workshop Other: _____

What do you all hope to gain from this retreat? _____

REGISTRANT'S STATEMENT OF UNDERSTANDING

CREDO Okinawa requires this registration form to manage event rosters. This retreat is an earned benefit and is provided at no-cost to married couples as an official USMC program. **Childcare is not provided.** Attendance at the retreat is the official place of duty for all registrants for the duration of the retreat. Should I need to cancel, I must inform CREDO Okinawa and my chain-of-command.

I understand that I must return this form to CREDO.MCBB.FCT@usmc.mil to reserve a spot for the retreat. I do not need a signed command endorsement to reserve the spot, but must provide this completed form within seven days of my reservation to complete registration. After seven days, I will lose my spot and be moved to the bottom of the stand-by list.

If dual military, I understand that we both must complete registration paperwork.

SIGNATURE: _____ DATE: ____/____/____

COMMAND ENDORSEMENT: Must be a Company Commander or Higher (O3 or above).

Rank, Name and Title: _____

Work Phone: _____ Work Email: _____

I acknowledge that the couple above will be attending a CREDO Okinawa Marriage Enrichment Retreat as their official place of duty for the duration of the event and that CREDO staff will inform me if they cancel or no-show. CREDO is an official program of the USMC and is provided at no-cost to participants. Participants will not be charged leave to attend this event. I understand that CREDO Okinawa staff will not be responsible for tracking any additional administrative paperwork or processes that may be required by my command.

I APPROVE / DISAPPROVE their attendance.

Signature: _____ Date: ____/____/____