



# Family Enrichment Retreat Registration

CREDO OKINAWA  
CREDO.MCBB.FCT@usmc.mil  
Off Base: 098-970-6772  
DSN: (315) 645-6772



## 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: \_\_\_\_\_

### FAMILY INFORMATION: (Please print legibly. Fill out only what applies.)

Spouse: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Gender: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
Food Allergies/Restrictions: \_\_\_\_\_  
Children:  
Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Food Allergies/Restrictions: \_\_\_\_\_  
Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Food Allergies/Restrictions: \_\_\_\_\_  
Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Food Allergies/Restrictions: \_\_\_\_\_  
Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Food Allergies/Restrictions: \_\_\_\_\_  
Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Food Allergies/Restrictions: \_\_\_\_\_

**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 family 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 uniformed service members and families as an official USMC program. 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](mailto: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 it within seven days of my reservation to complete registration. After 7 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 family above will be attending a CREDO Okinawa Family 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: \_\_\_\_/\_\_\_\_/\_\_\_\_