## **CHAPLAINS RELIGIOUS ENRICHMENT DEVELOPMENT OPERATION (CREDO)**

## **Event Request Form**

CREDO CREDO CREDO CREDO

DATE of Request: \_\_\_\_\_

## **REQUESTOR INFORMATION**

Last Name:	First Name:	
Cell Phone Number:	Work Phone:	
Branch of Service:	Status:	Rate/Rank:
Command:		
Email address:		
	CLASS INFORMATION	<u>1:</u>
Proposed dates of Class date: _		
Number of class participants: _		
Location of Class:	Phone numb	er:
Event POC:		
Types of events we offer:		
<b>J</b> ,	Workshop) se (6 Hour Workshop) isten and Keepsafe (3 Hour W vention Skills Training (2-day the Trainer (T4T) Course	y workshop) g) ır training)
	Requestor Instructions:	
requesting. Our office will pr	rovide the facilitators and tr or illegible forms will not be	<b>g location for any training they are</b> raining material only. Please fill out e accepted. Please email the form to:

COMMAND ENDORSEMENT (CO/XO endorsement):

Rank and Name Print:\_\_\_\_\_

Requestors Signature: \_\_\_\_\_

If you do not hear from us within the next 3 business days, call 757-444-7654 to follow up.