

CHAPLAINS RELIGIOUS ENRICHMENT DEVELOPMENT OPERATION (CREDO)



Personal GROWTH Retreat (PGR)

DATE of Retreat: _____

LOCATION of Retreat: _____

ATTENDEE INFORMATION:

Last Name: _____ First Name: _____

Cell Phone Number: _____ Work Phone: _____

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

Command: _____

Email address: _____

GENERAL INFORMATION:

Emergency contact person: _____ Phone number: _____

Food Allergies for Participant: _____

Dietary Restrictions for Participant: _____

COMMAND ENDORSEMENT (required for E6 & below):

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

Supervisor's Phone: _____

Supervisor's E-mail: _____

Supervisor's Signature: _____ Date: _____

Registration Instructions:

Complete form in its entirety. Incomplete or illegible forms will not be accepted.

Email form to CREDO_CNRMA.FCT@navy.mil

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

Participants, chaplains, and support personnel in these retreats may have religious views that differ from your own religious views. These retreats will be conducted in a manner that is sensitive to the diverse religious, spiritual, moral, cultural, and personal beliefs of the participants while maintaining the integrity of the chaplain's endorsing agency requirements.