



BREAKING THE CHAINS OF ADDICTION THROUGH JESUS CHRIST

Please return to: IL Credo Recovery
Pre-Weekend Director
1643 N Alpine Rd. #179
Rockford, IL 61107
(revised 1/6/2021)

www.credorecoveryil.org

Suggested donation for the weekend is \$140.00

Men Participant Registration- IL Credo Recovery Weekend

Date of Weekend: Thursday, May 13th to Sunday, May 16, 2021

Registrations are due 10 days prior to the weekend.

Up to 30 Participant Registrations may be accepted for a weekend, first come first serve.

Must be clean and sober for at least 30 days

(Please PRINT clearly)

NAME: Birthdate: / /

Spelling of Your first name for your Name Tag:

Street Address: City: State: Zip

Home Phone #: or Cell #

E-mail address:

Church Affiliation: If yes, Name: Location:

Are you? (Circle all that apply) Outgoing / Quiet / Leader / Follower / Smoker / Snorer

If necessary, can you sleep on a top bunk? Yes / No

In case of emergency, please notify: Name:

Home Phone #: Work # Cell #

Please list any Physical restrictions, Food Allergies and/or Medications you are taking. (For medical personnel only)

We require you to stay and participate for the entire 3 days in order to get the full benefit from a Credo Recovery Weekend. Do you agree to this? Yes / No (please circle one)

Name of Person Sponsoring you on the weekend:

Their Phone #

By signing this application, I understand that I will clear my schedule from 6:00 PM, Thursday evening to 6:00 PM Sunday evening to fully participate in this weekend. I also declare that I have been clean and sober for at least 30 days. (Please note: Sobriety time and/or regulations for weekend passes at treatment facilities take precedence over any Credo Recovery requirements.)

Signature: Date:

Date received: Office entry