



Please return to: IL Credo Recovery
Pre-Weekend Director
1643 N Alpine Rd. #179
Rockford, IL 61107

BREAKING THE CHAINS OF ADDICTION THROUGH JESUS CHRIST

www.credorecoveryil.org

PARTICIPANT - IL CREDO Recovery Application

Weekend: [] Men's Weekend [] Women's Weekend [] Spring [] Fall 20__

Suggested donation for the weekend is \$160.00.

Applications are due 10 days prior to the weekend.

Up to 30 Participants accepted for a weekend. Admission is first-come, first-served.

Must be clean and sober for at least 30 days as of the weekend start.

(please PRINT clearly as this will be used for your nametag)

Name (First & Last): _____ Birthdate: __/__/__

Street Address: _____ City: _____ State: __ Zip: _____

Home Phone #: _____ Work #: _____ Cell #: _____

E-Mail Address: _____

Are you actively attending church? [] Yes [] No (not mandatory for attending a weekend)

Church: _____ Location: _____

What hobbies do you enjoy? (check all that apply) [] Fishing [] Photography [] Woodworking [] Painting [] Concerts [] Movies [] Sports [] Games [] Golfing [] Exercising [] Biking [] Cooking [] Automotive [] Hiking [] Walking [] Swimming

Are you? (check 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 or medications you take. (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

Name of person sponsoring you on the weekend: _____

Their Phone #: _____

PARTICIPANT'S STATEMENT AND SIGNATURE:

I will clear my personal and professional schedules from 6:00 PM, Thursday evening to 6:00 PM, Sunday evening to allow me to fully participate in the weekend.

I declare that I have been clean & sober for at least 30 days as of the weekend start.

(Please note: Sobriety time and/or regulations for weekend passes at treatment facilities take precedence over any CREDO Recovery requirements)

Participant Signature: x _____ Date: _____