

East to West Women's Credo
Candidate Application
Spring 2019



*** **Non-Refundable Deposit of \$30** ***
*** **Required with Application** ***

Mail application and deposit to: **East to West Womens Credo**
P. O. Box 794
Inwood, WV 25428

Full Name: _____ Preferred name: _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Birthdate: _____ Shirt Size: _____

Emergency Contact Person: _____ Phone: _____

Special Needs/Considerations

Dietary: _____

Medical Conditions: _____

Do you take Time Sensitive Medication(s): YES/NO If YES, What time(s) _____

Physical Limitations: _____

Any additional information we should know about your physical requirements?

Do you have at least thirty (30) days "clean time" from chemical substances? YES NO

Additional considerations for room assignments

Smoker? Yes / No Do you use a CPAP Machine? Yes / No

Do you snore? Yes / No

Candidate Signature: _____ Date: _____

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Sponsor's Name: _____ Phone #: _____

Credo Weekend Attended: _____

Will you be able to confirm that this candidate has at least thirty (30) days "clean time" from chemical substances immediately prior to the Credo weekend? YES NO

Sponsor's Signature: _____

Application and Non-Refundable Deposit Received: _____