

Ocean City Credo #2  
Candidate Application  
October 3-6, 2019



\*\*\* Non-Refundable Deposit of \$50 \*\*\*  
\*\*\* Required with Application \*\*\*

Mail application and deposit to: **OCC Credo**  
**Attn: Kimberly Ellis**  
**525 Bay Street Unit 131**  
**Berlin, MD 21811**

Full Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ \*NOTE: Electronics are prohibited on the weekend.\*  
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) \_\_\_\_\_  
\*NOTE: For security purposes, any prescribed narcotics will be secured in a lock-box on the Credo weekend.  
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: \_\_\_\_\_

\* \* \* \* \*

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: \_\_\_\_\_