**OCC Credo**

Candidate Application

Fall 2017

**\*\*\* Non-Refundable Deposit of $50 \*\*\***

**\*\*\* Required with Application \*\*\***

Mail application and deposit to: **OCC Credo**

**135 Channel Buoy Rd**

**Attn: Barb Plotner**

**Ocean City, Md 21842**

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: \_\_\_\_\_\_\_\_\_\_\_**