



WV-MD Women's Credo #43

Team Application

Oct 3 - 6, 2019

Contact Information

| | |
|------------------------------------------|--|
| Name | |
| Name you like to be called: | |
| Street Address: | |
| City, State ZIP Code: | |
| Contact Phone: | |
| Email Address: | |
| Age: | |
| Name of Church or small group attending: | |

Special Needs

| | |
|-----------------------|--|
| Dietary/Allergies: | |
| Medical Condition(s): | |
| Other: | |

Credo Experience

| | |
|---------------------------------|--|
| Original Weekend (Date/Number): | |
|---------------------------------|--|

If you are part of an addiction recovery program, you must have at least 6 months clean.

Team fee for the weekend is *\$195.00

Make checks payable to WV-MD Women's Credo and mail so that it arrives before or on July 12, 2019. Do not pay more than the deposit at the time of turning in application. All applications received after that date will be put on waiting list if the team is full.

*A \$25.00 deposit and cover agreement will be required at the time applications are submitted for both the Team application. Deposit is non-refundable.

Send applications to:
WV-MD Women's Credo c/o
PO Box 1467
Frederick, MD 21702
Donna Ascanio
dascanio@live.com