



WV/MD Women's Credo
Candidate Application \$170.00



Spring 2024
May 2-5, 2024

***** Non-Refundable Deposit of \$25 Required with Application*****

*****If part of an addition's recovery program, must have 90 days clean and sober *****

Checks payable to: **WV/MD Women's Credo**

Mail application and deposit to: **Courtney Ward**
6192 Viewsite CT
Frederick, MD 21701

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: _____

Physical Limitations: _____

Any additional information we should know about your physical requirements?

Additional considerations for room assignments

Smoker? Yes / No

Do you use a C-Pap Machine? Yes / No Do

you snore? Yes / No

Can you manage stairs? Yes / No

Sponsor's Name: _____

Phone #: _____

Will you be able to confirm that this candidate has at least thirty (90) days "clean time" from chemical substances immediately prior to the Credo weekend? YES NO

Application and Non-Refundable Deposit Received: _____