

June 29-July 5, 2019 Camp Bountiful Reunion Registration Form

(Please print or type)

Family Name: _____ Phone: _____

Address: _____
Street City State Zip

Congregation: _____ Mission Center: _____

List only those who reside at the address above or minors for whom a listed adult is guardian.

	Adult Name:	Email Address:	Health or Diet Concerns:
A.			
B.			
	Children:	Grade Entering:	Health or Diet Concerns:
C.			
D.			
E.			
F.			

REGISTRATION:	Full Time \$125	Part Time \$25 per day at camp
# Adults		
# Youth (4-17)		
# 3 and under		

Meals are included
in Registration cost

OFFERING ENCLOSED (optional): _____

HOUSING: Free	Quantity <i>(Check all that apply)</i>
Tent Area	
RV Camper Hook Up	
½ Cabin (6 people)	
Dorm (Lodge or craft cabin)	
Four Plex (1 unit)	
Staying with: _____	

Family Maximum*	\$350/week both food and registration		GRAND TOTAL:		

**Family maximum applies to persons listed who are family members only – not friends or neighbors. All must be living at the same address. The only exception is grandparents bringing grandchildren.*

\$50 DEPOSIT REQUIRED FOR REGISTRATION**

Make check payable to: Community of Christ

Mail registration form with payment to:
Tammy Buffinger
 12500A St. Rt. 348
 Lucasville, OH 45648
 Phone: (740) 259-4948
 tbuffinger@cofchrist.org

**Actual cost for reunion is approximately \$200 per person. We rely on offerings to cover the difference above registration fees.

FOR REGISTRAR'S USE ONLY:	
Amount paid with registration: _____	Lodging assignment: _____
Amount due on arrival: _____	

Please understand that cabin space is limited. Get your registration in early!

Housing will be assigned according to the order in which registrations are received, taking specific location requests into consideration. However, priority consideration will be given to meet age, health, and disability needs. Therefore, please indicate anything that would affect the Registrar's decision about your housing assignment. Final assignment will be at the discretion of the registrar.

IMPORTANT INFORMATION IF SPONSORING A MINOR:

All minors must be sponsored by and attend reunion with an adult. **Minors sponsored by someone other than their parent or guardian must register on a separate form.** The sponsor's name should be entered in the Adult Name (line A).

If parent or guardian is not attending reunion, signature of sponsoring adult and signature of parent or guardian approving the sponsorship is required:

Sponsor's Printed Name: _____

Sponsor's Signature: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

In case of MEDICAL EMERGENCY, I understand every reasonable effort will be made to contact the parent(s) or guardian(s) of minors. In the event I cannot be reached, I hereby give permission to the physician selected by the sponsor named above to hospitalize, secure proper treatment for, and to order injections, anesthesia, surgery, or other medical procedures deemed necessary for my child(ren) named below.

Parent/Guardian Signature: _____ Date: _____

Children's Name: _____

Notes to Registrar:

Reunion Theme: "Following the Spirit"
Guest Minister: Apostle David Nii

Director: Connie Altman, BMC President, caltman@cofchrist.org