

Reunion #1 @ Camp Nauvoo (June 17-23)

- Co-Directors: Jerry Wiemann & Suzan Strandberg
 - Contact info: reunion1director@cvnmc.org
 - Jerry: 319-752-7766 / Suzan: 319-752-5712
- Registrar: Karen Ourth
 - reunion1registrar@cvnmc.org / 217-453-2236
 - 469 Casper Street, Nauvoo, IL 62354
- Guest Ministry: Seventy & Retired Apostle Andrew Bolton
- *Please note that attendees, campers, RVs, etc., are not allowed on the grounds until after 12:00 PM on Saturday, June 17th.*

Reunion #2 @ Cedar Valley Grove (July 15-21)

- Co-Directors: Robert Cook & Pat Reaves
 - Contact info: reunion2director@cvnmc.org
 - Robert: 217-357-3308 / Pat: 309-756-6322
- Registrar: Pam Tisdale
 - reunion2registrar@cvnmc.org / 309-314-2318
 - 1543 4th Street Court East, Milan, IL 61264
- Guest Ministry: Evangelist & Retired Appointee Marvin Rice

Theme: Fully Awake and Ready to Respond

- Awaken to God's Invitation
- Awaken to Spiritual Transformation
- Awaken to Unfolding Mission
- Awaken to Sacramental Living
- Awaken to Living Sanctuary

Reunion Text: Fully Awake and Ready to Respond

- \$14.95 thru Herald Publishing House
- www.heraldhouse.org / 1-800-767-8181

Cost: Expenses for reunions (meals, utilities, supplies, etc.) averages \$85/person. Freewill offerings are collected throughout the reunions to help cover costs.

Procedures for Check-in: Everyone must check-in with the registrar upon entering camp. Check-in runs from 3:00-5:30 PM the initial day of reunion. RV/trailers must check-in with the registrar for assigned spots. Please be sure to inform the registrar and camp nurse of any medical problems/prescriptions upon check-in.

Items to Bring: *Scriptures, lawn/board games, lawn chairs, bedding, instruments/music, flashlights, bug spray, suntan lotion, swim suit, etc.*

Reunion Registration Form

Fill out front AND back of form and return to appropriate registrar!

Event: *(circle all that apply)* Reunion #1 (Nauvoo) / Reunion #2 (CVG)
If attending both...please make a photocopy and send to both registrars!

Adult Participants *(Please print all information)*

1. Last Name: _____ First Name: _____
2. Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Cell Phones: _____ / _____

Youth Participants: *(If you need more room attach an extra sheet)*

1. Last Name: _____ First Name: _____ Grade in fall: ____
2. Last Name: _____ First Name: _____ Grade in fall: ____
3. Last Name: _____ First Name: _____ Grade in fall: ____
4. Last Name: _____ First Name: _____ Grade in fall: ____

Medical Info: *(If you need more room attach an extra sheet)*

1. Participant's Name: _____
Medications/Allergies/Medical/Dietary Needs: _____

2. Participant's Name: _____
Medications/Allergies/Medical/Dietary Needs: _____

Family Physician: _____ Phone#: _____

Personal insurance is primary. Program insurance is secondary.

In case of emergency contact: _____
Phone#: _____ / Relationship: _____

Area(s) of ministry you would be willing to provide: _____

Ordained Ministers... please list office held: _____