

Housing Options:

- **No housing needed**
- **Handicap accessible housing required**
- **Pop-up Camper/Tent:**
 - Number of people sleeping in camper/tent
 - We will need electricity
- **RV/Trailer Camping:**
 - Type of RV/Trailer _____ Size _____
 - Number of people sleeping in RV/Trailer
 - We will need electricity
 - We will need sewer
- **Cabin/Tiny House:** *(Tiny houses at Camp Nauvoo only)*
 - Number of adults in cabin/tiny house
 - Number of children / Ages _____

Discipline, Liability, Medical & Photo Releases

Medical Treatment: I authorize the reunion director(s), nurse(s), or staff members to give consent to a physician and/or hospital for emergency medical or surgical treatment for ALL participants listed.

Photo Release: I do hereby give my consent and authorize the Community of Christ, its successors, heirs, legal representatives, assigns, and agents to use/reproduce the participants' names, voices and/or likenesses (photographic, illustrative, audio or video tape, film or electronic, and/or digital image), and circulate and use the same for any and all official resource, use, or purpose including but not limited to print, film, or electronic media and reproduction, or digital representation of every description on the internet/world wide web. Consideration is hereby waived in perpetuity and no further claim of any nature whatsoever shall be made by anyone listed on this form, their heirs, or assigns.

Consent and Liability Release: I understand that all listed participants are expected to abide by the program rules and are directly responsible to the reunion director(s) and staff. The reunion director(s) assume responsibility for discipline at the events and, if necessary, may; because of misconduct or disobedience, require any of the listed participants to leave the reunion grounds. In such instance I, as the legal representative for all the participants listed on this form, will assume full responsibility for returning the participant to his/her home, acknowledge and am aware that the reunion may involve hazards and risks, including those associated with the transportation of the participants to an activity and back, and I release Community of Christ (including its officers, employees, agents, assigns, and affiliates) from any and all liabilities with respect to injury, sickness, disease, death, or damage as a result of participation in the reunion events. This release applies to any and all liabilities for me as well as the other participants listed on this form and their estates of any type or description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind.

I have read and agree, as legal representative for all participants listed on this form, to all the information included above.

Signature of Adult Representative of ALL Participants

Date

Print front-to-back...flip on short side...this will allow registration form to print front-to-back so it can be torn off and submitted to registrar!

**Cedar Valley-Nauvoo Mission Center
Community of Christ / www.cvnmc.org**



2018 Reunions

Dear Friends and Members of the CVN Mission Center,

You are cordially invited to attend our summer reunion events in June and July that will center on the theme, ***Breathe New Life (Doctrine & Covenants 161:2a)***.

- Reunion #1 will be held at Camp Nauvoo in Nauvoo, IL
 - Guest Minister: Apostle Robin Linkhart
- Reunion #2 will be held at CVG in Mechanicsville, IA
 - Guest Minister: CofC Director of HR David Anderson

I encourage and challenge our members and friends to attend one or both events. If you can't stay the full week, attend as you can. Bring relatives or friends with you to experience Christ through these more casual reunion experiences at our beautiful campgrounds.

There are no fees for these events, freewill offerings are collected to cover expenses, so give as you can and don't worry about costs!

I hope you will attend one or both of the reunions as we experience our Lord and Savior together this summer!

Robert Cook, Mission Center President

Adult supervision is required for all persons under the age of 18. A completed and signed Reunion Registration/Discipline/Medical/Photo release form must be submitted for each family/group or individual camper. No exceptions!

Reunion #1 @ Camp Nauvoo (June 16-22)

- Co-Directors: Brad & Julie Bengé
 - Contact info: reunion1director@cvnmc.org
 - Home: 319-372-9177 / Cell: 319-371-6441
- Registrar: Karen Ourth
 - reunion1registrar@cvnmc.org / 217-453-2236
 - 469 Casper Street, Nauvoo, IL 62354
- Guest Ministry: Apostle Robin Linkhart
- *Please note that attendees, campers, RVs, etc., are not allowed on the grounds until after 12:00 PM on Saturday, June 16th.*

Reunion #2 @ Cedar Valley Grove (July 14-20)

- Director & Registrar: Jane McDonald
 - Contact info: reunion2director@cvnmc.org
 - Phone: 563-343-0207
 - Address: 3369 E Ridge Dr, Bettendorf IA 52722
- Guest Ministry: CofC Director of HR David Anderson

Theme: **Breathe New Life**

- Breathe Peace
- Live Witness
- Embody Wholeness
- Embrace Formation
- Experience Restoration

Reunion Text: **Breathe New Life**

- Available thru Herald Publishing House
- www.heraldhouse.org / 1-800-767-8181

Cost: Expenses for reunions (meals, utilities, supplies, etc.) are covered by freewill offerings. Give as you can.

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: _____

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