

Cedar Valley-Nauvoo Mission Center  
Reunion #2 @ Cedar Valley Grove Campground



The Cedar Valley-Nauvoo Mission Center Reunion #2 will be hosted at Cedar Valley Grove Campground in Mechanicsville, Iowa, on July 6-11, 2019.

- **Dates:** **Saturday**, July 6 through **Thursday**, July 11, 2019
- **Location:** Cedar Valley Grove (439 Delta Ave, Mechanicsville, Iowa 52306)
- **Theme:** *Following the Spirit...A Deeper Journey*
  - Purchase reunion text from Herald House Publishing ([www.heraldhouse.org](http://www.heraldhouse.org) / 1-800-767-8181)
- **Cost:** Expenses (meals, utilities, supplies) average \$85/person and are covered by freewill offerings.
- **Items to Bring:** Scriptures, lawn/board games, lawn chairs, bedding, instruments/music, flashlights, etc.
- **Procedures for Check-In:** Everyone must check-in with the registrar upon arrival. Check-in runs from 2:00-5:00 PM on July 6<sup>th</sup>. Those camping in RVs/trailers must check-in with the registrar for assigned spots. Please be sure to inform the registrar and/or medical staff of any medical problems and/or prescriptions upon check-in.

REGISTRATION FORM

Please complete BOTH sides!

Attendees: (Please print all information)

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
4. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
5. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
6. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
7. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
8. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
9. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
10. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_

Medical Info: (Please print all information)

1. Attendee's Name: \_\_\_\_\_  
Medications/Allergies/Medical or Dietary Needs: \_\_\_\_\_
2. Attendee's Name: \_\_\_\_\_  
Medications/Allergies/Medical or Dietary Needs: \_\_\_\_\_
3. Attendee's Name: \_\_\_\_\_  
Medications/Allergies/Medical or Dietary Needs: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation: \_\_\_\_\_

Would you like to volunteer? If so, please list the areas you would be willing to help (EX: Nursery, children's classes, worship services, kitchen, etc.): \_\_\_\_\_

## Housing Options

Please select your first choice of housing option and the registrar will meet your request, if possible.

- No housing needed
- Handicap accessible housing is required
- Pop-Up Camper/Tent spot WITH electricity
- Pop-Up Camper/Tent spot WITHOUT electricity
- RV/Trailer site WITH electricity/sewer (Type of RV/Trailer: \_\_\_\_\_ / Size: \_\_\_\_\_)
- RV/Trailer site WITHOUT electricity/sewer (Type of RV/Trailer: \_\_\_\_\_ / Size: \_\_\_\_\_)
- Room in The Cedars (# of people in room: \_\_\_\_\_)
- Cabin (# of people in cabin: \_\_\_\_\_)

Special housing requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Discipline, Liability, Medical, and Photo Releases

**Medical Treatment:** I authorize the event director, medical staff, or staff members to give consent to a physician and/or medical facility for emergency medical or surgical treatment for all attendees listed on this form.

**Photo Release:** I do hereby give my consent and authorize Community of Christ, its successors, heirs, legal representatives, assigns, and agents to use/reproduce the all the attendees' names, voices and/or likenesses (photographic, illustrative, audio or video, 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 any of the attendees listed on this form, their heirs, or assigns.

**Consent and Liability Release:** I understand that all attendees listed on this form are expected to abide by the event rules and are directly responsible to the event director and staff. The event director assumes responsibility for discipline at the event and if necessary may, because of misconduct or disobedience, require any of the listed attendees to leave the grounds/event. In such an instance I, as the legal representative for all the attendees listed on this form, will assume full responsibility for returning the attendee to his/her home; acknowledge and am aware that the event may involve hazards and risks, including those associated with transportation of the attendees to an activity and back; and 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 this event. This release applies to any and all liabilities for myself, as well as all attendees 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 attendees listed on this form, to all the information above.***

Signature of adult representative for all attendees listed on form: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Please return this completed/signed form to:

Pam Tisdale, CVNMC Reunion #2 Director/Registrar

1543 4<sup>th</sup> St Ct E, Milan, IL 61264

Via Email: [pamtisdalehgp@gmail.com](mailto:pamtisdalehgp@gmail.com)

For questions call: 319-314-2318