

Cedar Valley-Nauvoo Mission Center
Reunion Registration Form
June 20-26, 2026 @ Camp Nauvoo



- **Cost:** Expenses (meals, utilities, supplies) average \$100/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. 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 of Emergency Contact (i.e. Family Member, Friend, Child, etc.): _____

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 Lodge (# of people in room: _____)
- Cabin (# of people in cabin: _____)
- Tiny House (# of people in tiny house: _____)

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:

Dawn Durgin, Registrar-Reunion 2026
1095 S Warsaw St, Nauvoo IL 62354
Via Email: durgindawn74@gmail.com
For questions calls: 217-453-9930

MEDICAL REMINDER: When attending any of the Cedar Valley-Nauvoo Mission Center camping events, if you have need for an Epi Pen, be sure to bring your own supply and notify the medical staff upon arrival.