



Inland West Reunion Registration

Echo Valley Reunion

How many people are you registering: _____

Name: _____

Address: _____

Email Address: _____ Home Ph: _____ Cell Ph: _____

Dietary Needs: _____

Health & Allergy Concerns: _____

Congregation: _____ Priesthood Office: _____

Medical Insurance Provider: _____ Insurance Number: _____

Emergency Contact's Name: _____ Phone Number: _____

Registering Additional Members of Your Family

1. Please enter their name and pertinent information.
2. When registering a child 17 years or younger, please enter age at Reunion as well as their grade level in the coming school year.
3. Please check the "Sponsored Child" box if the child you are registering is not your immediate family member, but you are taking responsibility for the child at this reunion. **Please complete the Designation of Responsible Adult form for each child you are sponsoring. The form is available on last page of registration.**

Name: _____ Age: _____ Sponsored Child?

Dietary Needs: _____

Health & Allergy Concerns: _____

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Checklist for Camp:

- Complete Registration Form
- Copy of Insurance Card
- Copy of Camper Registration Agreement signed
- Copy of Medical History filled out (with Camper Registration Form)
- Copy of Designation of Responsible Adult (for minors coming without a parent)

ECHO VALLEY REUNION

Thursday, June 27th at 7:00 p.m. - Monday, July 1st at noon

The 2019 reunion will again be a FREE WILL offering. The cost for the 5 day camp is \$125.00 per person. Please pay what you are able. If you can pay more to help others attend, that will be greatly appreciated. Please complete the registrations forms as soon as possible so we can plan accordingly. If you are able to pay your camp fee ahead of time, please deduct \$10.00 per person as a "Thank You" for helping us get camp underway and for getting your registration form in quickly. We look forward to seeing everyone there!

Make Checks Payable to: Community of Christ

If you have any questions or concerns please contact

Mary Beth Hunter at mbh.nomadnurse@gmail.com

406-551-0854

Housing Needs:

Name of preferred cabins: _____

- RV Site
- Tent Space

- I/We will be attending the entire reunion

We will attend on these days: _____

Comments: _____
