



Inland West Reunion Registration Unity Reunion at Camp Perkins

How many people are you registering: _____

Name: _____

Address: _____

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

Dietary Needs: _____

Health & Allergy Concerns: _____

Congregation: _____ Priesthood Office: _____

Are you a Registered Youth and Children Worker Yes No

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: _____

Name: _____ Age: _____ Sponsored Child?

Dietary Needs: _____

Health & Allergy Concerns: _____

Name: _____ Age: _____ Sponsored Child?

Dietary Needs: _____

Health & Allergy Concerns: _____

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Health & Allergy Concerns: _____

Name: _____ Age: _____ Sponsored Child?

Dietary Needs: _____

Health & Allergy Concerns: _____

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)

UNITY REUNION AT CAMP PERKINS

Friday, August 7 at 4:00 p.m. to Tuesday, August 11 at 11:00 a.m.

Housing is limited and the configuration requires that people will need to share sleeping space, ie. singles will share with other singles, couples may share with another couple. In a cabin two families will share. Please indicate below who you would like to share space with.

RV spaces are limited to four unimproved spaces. They will be available on a first come, first serve basis.

Camp Rates

Adult (12+) \$270

Children (3-11) \$180

Infant (0-2) 0

Make Checks Payable to: Community of Christ

If you have any questions or concerns please contact:

Sandy Decker at sdecker@cofchrist-iwest-org or 509-863-7532.

Housing Needs:

Housing Needed for how many people: _____

Preference on lodging location (Retreat Center or Cabin): _____

Retreat Center order of priority: 1) Medical need 2) Senior citizen with need 3) families with children under 5. Reason for requesting the retreat center:

Do you have a roommate preference? If so, who? _____

I/We will be attending the entire reunion

We will attend on these days: _____

Comments: _____
