



Inland West Reunion Registration

Samish Island 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: _____

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: _____

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)

SAMISH ISLAND REUNION

Saturday, June 22 at 4:00 p.m. to Friday, June 28 at 10:00 a.m.

The cost of reunion will be covered by free will offerings and contributions. Below are the total estimated expenses including supplies, cook, guest ministry and fees to the Samish Campground.

Per person per night – meals included:

E cabin (12 yrs & up) * \$54.25

Rustic cabin & RV space (12 yrs & up)* \$50.25

Tent space (12 yrs & up)* \$48.25

Daily Additional Adult (12 yrs & up) \$42.25

Daily Youth (6-11 yrs) \$37.25

Daily Child (5 & Under) \$12.25

Drop-In Attendee (includes one meal, no overnight stay)

Ages 12 & Up-\$10 Youth (6-11)-\$5 Child (5 & under)-Free

***Housing rates for first two non-youth or child occupants only, additional occupants charged daily rates.**

Example of fee for the week: 1 Adult in a rustic cabin: 6 times \$50.25 = \$301.50

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:

Preference on cabin location (e-cabin, near bathroom, playground, etc.)

E-cabin order of priority: 1) Medical need; 2) Senior citizen with need; 3) families with children under 5. Reason for requesting an e-cabin.

☐ I/We will be attending the entire reunion:

We will attend on these days: _____

Comments: _____