



# Inland West Reunion Registration

## Cascade 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)

# CAMP CASCADE REUNION

**Tuesday, July 9 at 5:00 p.m. to Sunday, July 14 at noon.**

## **Weekly Rate**

Family \$450

Couple \$325

Adult (12+) \$175

Children (3-11) \$80

Infant (0-2) \$30

## **Daily Rate (Wed-Sat)**

Adult \$50

Children \$22

Infant \$10

## **Daily Rate (Sun)**

Adult \$20

Children \$12

Infant \$6

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**Make Checks Payable to: Community of Christ**

**If you have any questions or concerns please contact:**

**Andrea Silva at [stampin.silva@gmail.com](mailto:stampin.silva@gmail.com) or 208-954-2205.**

## **Housing Needs:**

Cabin needed for how many people: \_\_\_\_\_

☐ Tent

☐ RV

Comments: \_\_\_\_\_

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