

2023 Camp Bountiful Reunion Registration Form June 10-16, 2023

Family Name: _____ Phone: _____

Address: _____
Street City State Zip

Congregation: _____ Mission Center: _____

List only family members who reside at the address above or minors for whom a listed adult is guardian.

	Adult Name:	Email Address:		Health or Diet Concerns:
A.				
B.				
	Children:	Grade Entering:	Date of Birth:	Health or Diet Concerns:
C.				
D.				
E.				
F.				

REGISTRATION:	Full Time	Part Time -- Please list part-time days, if known
# of Adults		
# of Youth (ages 4-17)		
# of Children (age 3-under)		
NON-REFUNDABLE registration fee is \$10 per person (aged 4 and older) with a \$25 family maximum*		

*Family maximum applies **only** to members of one family who are living at the same address. It does not apply to friends, neighbors, or roommates. **NOTE:** Grandparents **may** bring grandchildren for the family maximum rate, even though they don't share an address.

HOUSING REQUEST						
Tent Area	RV Camper Hook Up	½ Cabin <i>6 people</i>	Craft Cabin <i>Preference given to large groups registering together</i>	Four Plex <i>Limited availability; preference given to individuals with special needs</i>	Lodge <i>Dorm style. Separate men's / women's areas</i>	No separate housing needed. Staying with:

OFFERING ENCLOSED (optional): _____ *We rely on offerings to cover the true cost of reunion.*

A NON-REFUNDABLE registration fee of \$10/person (\$25 family max) must be included with your form.

BY MAIL:
 Kristin Carnahan
 6740 Mossy Rock Ct.
 Maineville, OH 45039
 (513)827-0502

BY EMAIL:
1kristincarnahan@gmail.com

Mail registration fees (payable to Camp Bountiful) OR use Venmo (@KristinCarnahanOH). If you use Venmo, please add **CB REUNION 2023** and your **Family Name** in the comments. Registration is not complete until fee is received.

FOR REGISTRAR'S USE ONLY:

Date Form Received: _____ Date Registration Fee Received: _____ Amount Pd: _____ Lodging: _____

Please understand that cabin space is limited. Get your registration in early!

Housing will be assigned according to the order in which registrations are received, taking specific location requests into consideration. However, priority consideration will be given to meet age, health, and disability needs. Therefore, please indicate anything that would affect the registrar's decision about your housing assignment. Final assignment will be at the discretion of the registrar.

IMPORTANT INFORMATION IF SPONSORING A MINOR:

All minors must be sponsored by and attend reunion with an adult. **Minors sponsored by someone other than their parent or guardian must register on a separate form.** The sponsor's name should be entered in the Adult Name (line A).

If parent or guardian is not attending reunion, signature of sponsoring adult and signature of parent or guardian approving the sponsorship is required:

Sponsor's Printed Name: _____

Sponsor's Signature: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

In case of MEDICAL EMERGENCY, I understand every reasonable effort will be made to contact the parent(s) or guardian(s) of minors. In the event I cannot be reached, I hereby give permission to the physician selected by the sponsor named above to hospitalize, secure proper treatment for, and to order injections, anesthesia, surgery, or other medical procedures deemed necessary for my child(ren) named below.

Parent/Guardian Signature: _____ Date: _____

Children's Name: _____

Notes to Registrar:

Reunion Theme: God, where is your Spirit leading next?
Guest Ministers: TBD
Directors: Tim and Kristin Carnahan (1kristincarnahan@gmail.com)