

CVNV Mission Center 2016 Reunion Information

Please be sure to pre-register to help with planning and supplies!!

REUNION #1 @ CAMP NAUVOO (JUNE 18-24)

Please note that attendees, campers, RVs, etc., are not allowed on the grounds until after 12:00 PM on Saturday, June 18th!

Please bring board games and lawn games to share & lights/decorations for the 2nd Annual Lights over Mississippi Contest!

- **Director:** Deb Batey (bateydeb@hotmail.com / 319-750-5065)
- **Co-Director:** Lois Blythe (ljblythe@gmail.com / 319-750-3938)
- **Registrar:** Karen Ourth (ked61wed@aol.com / 217-453-2236)
Mailing Address: 469 Casper St, Nauvoo, IL 62354
- **Guest Ministry:** Matt & Margo Frizzell, Matt is the Dean of the CofC Seminary

REUNION #2 @ CEDAR VALLEY GROVE (JULY 9-15)

Please bring lawn games and a dozen cookies to share!!

- **Director:** Pat Reaves (pat_reaves@yahoo.com / 309-762-6622)
- **Co-Director & Registrar:** Pam Tisdale (pamtisdalehgp@gmail.com / 309-314-2318)
Mailing Address: 4102 8th Ave, East Moline, IL 61244
- **Guest Ministers:** Kurt & Vicky Martell, Kurt is HermeY the Clown

Theme: Of Water and Spirit: Disciples of Community of Christ

- We Believe
- We Learn
- We Share
- We Proclaim
- We Receive
- We Respond

Reunion Text: *Of Water and Spirit*

\$15.95 through Herald Publishing House (www.heraldhouse.org / 1-800-767-8181)

Cost: Expenses for reunions (meals, utilities, supplies, etc.) averages \$85/person. Freewill offerings are collected throughout the reunions to help cover costs.

Procedures for Check-In: Everyone must check in with the registrar, upon entering camp. Check-in runs from 3:00-5:30 p.m. on the initial day of reunion. RV/trailers must check in with registrar for assigned spots. Please be sure to inform the registrar and camp nurse of any medical problems/prescriptions upon check-in.

Adult supervision is required for all persons under the age of 18. A completed and signed Reunion Discipline/Medical/Photo Release form must be submitted for each family/group or individual camper.

No exceptions!

Items to Bring: Scriptures, swim suits, recreational equipment, toiletries, towels, bedding, bug spray, suntan lotion, flashlights, board games, lawn games, and lawn chairs.



Reunion #1 (Camp Nauvoo) Registration Form (June 18-24)

Please fill out completely and return to Karen Ourth, Registrar, 469 Casper St, Nauvoo, IL 62354

Please Print

Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell Phone: () _____
Email: _____ Congregation: _____

Family & Friends also registering on this form:

Please list names, addresses (if different from above), include age & grade children are going into in the fall of 2015.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please let us know the following:

Specific *Health Needs*: Name: _____ Needs: _____
Name: _____ Needs: _____
Specific *Dietary Needs*: Name: _____ Needs: _____
Name: _____ Needs: _____

Area(s) of ministry you would be willing to provide:

Ordained Ministers: Please list office held: _____

Housing Options:

- **No Housing Needed:** _____
- **Pop-up Camper/Tent Camping:** *(No Cost – freewill donation)*
_____ Number of people sleeping in camper/tent
_____ We will need electricity
- **RV/Trailer Camping:** *(No Cost – freewill donation)*
Type of Trailer/RV _____ Size _____
_____ Number of people sleeping in RV/Trailer
_____ We will need electricity
_____ We will need sewer
- **Cabin Housing:** *(No Cost – freewill donation)*
_____ Number of adults in cabin
_____ Number of children in cabin / Ages of children _____
_____ Handicap accessible required

Don't forget to submit a Reunion Discipline/Liability/Medical/Photo Release form for your family/group.



Reunion #2 (CVG) Registration Form (July 9-15)

Please fill out completely and return to Pam Tisdale, Registrar, 4102 8th Ave, E. Moline, IL 61244

Please Print

Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell Phone: () _____
Email: _____ Congregation: _____

Family & Friends also registering on this form:

Please list names, addresses (**if different from above**), include age & grade children are going into in the fall of 2015.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Please let us know the following:

Specific Health Needs: Name: _____ Needs: _____
Name: _____ Needs: _____
Specific Dietary Needs: Name: _____ Needs: _____
Name: _____ Needs: _____

Area(s) of ministry you would be willing to provide:

Ordained Ministers: Please list office held: _____

Housing Options:

- **No Housing Needed:** _____
- **Pop-up Camper/Tent Camping:** (*No Cost – freewill donation*)
_____ Number of people sleeping in camper/tent
_____ We will need electricity
- **RV/Trailer Camping:** (*No Cost – freewill donation*)
Type of Trailer/RV _____ Size _____
_____ Number of people sleeping in RV/Trailer
_____ We will need electricity
_____ We will need sewer
- **Cedars Housing:** (*No Cost – freewill donation*)
_____ Number of adults in room
_____ Number of children in room / Ages of children _____
_____ Handicap accessible required

Don't forget to submit a Reunion Discipline/Liability/Medical/Photo Release form for your family/group.

Cedar Valley-Nauvoo Mission Center *Reunion*

Discipline, Liability, Medical & Photo Release Form

Event Name: _____

Adult Participants: *(Please Print All Information)*

1. Last Name: _____ First Name: _____

2. Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phones: _____ / _____

Youth Participants: *(If you need more room attach an extra sheet of paper with information)*

1. Last Name: _____ First Name: _____ Grade in Fall: _____

2. Last Name: _____ First Name: _____ Grade in Fall: _____

3. Last Name: _____ First Name: _____ Grade in Fall: _____

4. Last Name: _____ First Name: _____ Grade in Fall: _____

Medical Information: *(If you need more room attach an extra sheet of paper with info)*

Participant's Name: _____

Medications, Allergies and Medical/Dietary needs: _____

Participant's Name: _____

Medications, Allergies and Medical/Dietary needs: _____

Family Physician: _____ Phone #: _____

Personal insurance is primary. Program insurance is secondary.

In case of an emergency please contact: _____

Phone#: _____ / Relationship: _____

Continued on next page →

Permission for Medical Treatment: As legal representative for the participants listed on this form, I do authorize the reunion director(s), nurse(s), or staff members to give consent to a physician and/or hospital for emergency medical or surgical treatment for ALL participants listed on this form while participating in any reunion events.

Signature of Adult Representative of ALL Participants

Date

Photo Release: As legal representative for all participants listed on this form, I do hereby give my consent and authorize the Community of Christ, its successors, heirs, legal representatives, assigns, and agents to use and reproduce the participants' names, voices and/or likenesses (photographic, illustrative, audio or video tape, film or electronic, and/or digital image), and circulate and use the same for any and all official resource, use, or purpose including but not limited to print, film, or electronic media and reproduction, or digital representation of every description on the internet/world wide web. Consideration is hereby waived in perpetuity and no further claim of any nature whatsoever shall be made by anyone listed on this form, their heirs, or assigns. The Community of Christ has made no representations concerning the use hereof to me.

Signature of Adult Representative of ALL Participants

Date

Consent and Liability Release: As legal representative for the participants listed on this form, I understand that all listed participants are expected to abide by the program rules and are directly responsible to the reunion director(s) and staff. The reunion director(s) assume responsibility for discipline at the events and, if necessary, may; because of misconduct or disobedience, require any of the listed participants to leave the reunion grounds. In such instance I, as the legal representative for all the participants listed on this form, will assume full responsibility for returning the participant to his/her home.

As legal representative for the participants listed on this form, I acknowledge and am aware that the reunion may involve hazards and risks, including those associated with the transportation of the participants to an activity and back, which I am prepared to accept on behalf of the participants listed on this form.

Accordingly, as part of my responsibility as legal representative for the participants listed on this form, I hereby release the Community of Christ (including its officers, employees, agents, assigns, and affiliates) from any and all liabilities with respect to injury, sickness, disease, death, or damage as a result of participation in the reunion events. This release applies to any and all liabilities for me as well as the other participants listed on this form and their estates of any type or description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind.

I have read and agree, as legal representative for all participants listed on this form, to all the information included on this form.

Signature of Adult Representative of ALL Participants

Date

This form must be presented at registration for ALL adults and youth attending reunion with NO EXCEPTIONS! The Cedar Valley-Nauvoo Mission Center and Community of Christ cannot allow ANYONE to attend without completing and submitting this form!