

REUNION REGISTRATION

July 8-14, 2017 – Buckhorn Camp, Idyllwild, CA

- ▶ Open to all ages—families encouraged to attend together and bring friends.
- ▶ Reunion begins Saturday, July 8, 3PM; ends Friday, July 14, 12PM.
- ▶ Freewill offerings will be received at Reunion to cover program expenses.
- ▶ Finances shouldn't hinder attendance. See your CFO for camperships/DEEP assistance.
- ▶ **REGISTER** (\$25 per person deposit required; non-refundable after June 30): **CHECK PAYABLE:** Community of Christ
MAIL: Rickie Miller, P.O. Box 1330, Simi Valley, CA 93062
EMAIL: RMiller@CofChrist-psi.org **PHONE:** 805-577-5907 **FAX:** 805-577-5937
ONLINE: <https://www.eventbrite.com/e/2017-pacific-southwest-international-reunion-registration-34143116982>

NAME	AGE/ GRADE ¹	CHECK ALL DAYS OF ATTENDANCE							TOP BUNK CAPABLE?
		SAT	SUN	MON	TUE	WED	THU	FRI	

Address _____
 Phone _____ Email _____ Congregation _____
 Medical Needs/Accommodations _____
 If less than 3 in your group, indicate roommate preference _____

MEALS, LODGING & PROGRAM FEES: (Weekly rate includes PSI Mission Center subsidy)

	AGE	PER DAY	PER WEEK	# PEOPLE	TOTAL
Babies	0-2	No charge	\$ 0.00	x _____ =	\$ _____
Children	3-11		\$ _____	x _____ =	\$ _____
Adults & Teens	12+		\$ _____	x _____ =	\$ _____
Family Maximum Rate		Immediate family only	\$1,100.00	=	\$ _____
Day Camper	12+	\$ (lodging, 3 meals)	# of days _____	x _____ =	\$ _____
Day Camper	3-11	\$ (lodging, 3 meals)	# of days _____	x _____ =	\$ _____
Day Only	12+	\$ (no lodging, 2 meals)	# of days _____	x _____ =	\$ _____
Day Only	3-11	\$ (no lodging, 2 meals)	# of days _____	x _____ =	\$ _____
REUNION TEXT		\$15.00 each	# of copies _____	x \$ _____ =	\$ _____
HIGH ROPES ² (1 day only)		\$25.00 per person	# of people _____	x \$ _____ =	\$ _____
GENEROSITY GIFT for Community of Christ Baja Reunion 2017				=	\$ _____
TOTAL DUE					\$ _____

LODGING PREFERENCE: (Lodging assigned on a **First Sent, First Served** basis. Rank in order of preference.)

EAST CAMP: _____ A-Frame Cabin _____ Buckhorn Tent _____ Wrangler Cabin³ _____ Dormitory
OTHER: _____ West Camp Cabin _____ RV Space _____ I'm bringing my own tent

SPECIAL DIETARY NEEDS: _____

I WISH TO VOLUNTEER TO SERVE WITH: Worship Music/Instruments Hospitality Recreation

Name(s) _____

PAYMENT: Payment in full Check # _____ \$25.00 Deposit per person # _____ x \$ _____ = Total \$ _____

Credit Card: [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] [] Exp. ____ / ____ *CXX _____

Name on Card _____  Security Code

Billing Address _____

Paying in full at camp. If not, indicate financial arrangement _____

¹ Required if 18 or younger. Campers under 18 **must** be accompanied by and lodged with a responsible adult.

² Pre-Camp Registration Required.

³ These cabins assigned to those with special medical needs. List your specific needs required for lodging.