

Registration Information

Please read carefully before completing your form!

Early registration deadline is May 15, 2017.

Registrations MUST be postmarked and deposit paid by May 15, 2017 to qualify for the early registration discount!

Deposit is \$10 per person or \$25 per family registration

By completing this registration I understand that:

- I am responsible for all children/sponsored youth and that they will camp with me or next to my tent or trailer and will either participate in all activities for their grade or be with me.
- Each sponsored child outside of my immediate family is not included in the family maximum rate and is considered a separate individual for registration purposes and related fees.
- A guardianship form must be presented to the Registrar for each child outside of my immediate family that I sponsor.
- I may sponsor up to two youth per family; any special consideration MUST be cleared with the Director. A sponsor must be at least 21 years old and must be approved by the Director.
- Each campsite is approved for one trailer plus one tent OR two tents only. Each additional tent or trailer will need an additional campsite.

Contact Information:

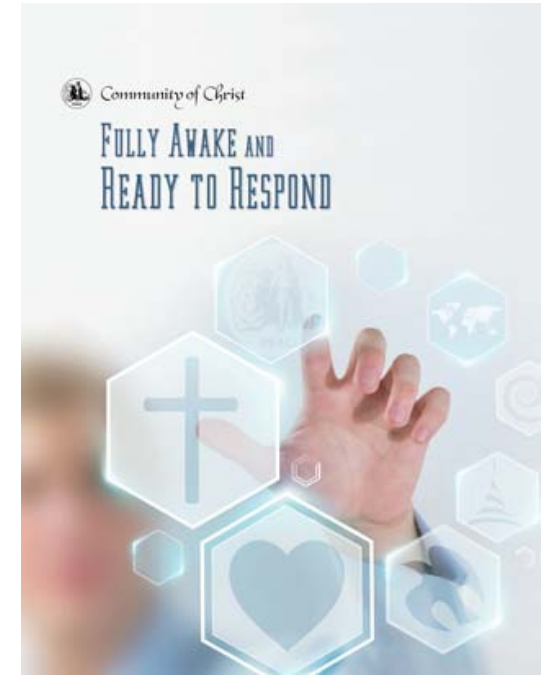
Abby Nowiski Director (989)413-0869 anowski@gmail.com	Dana Thering Registrar (989)854-0143 dmthering@gmail.com
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Please continue to remember Sanford Reunion throughout the year in your weekly envelope contributions and consider holding special offerings and fundraisers within your congregation so that we may continue to offer the reduced registration fees. Thank you for your continued support!

Car Side Registration begins at 3:00 PM

No Early Arrivals Permitted

Michigan Mission Center Sanford Family Camp / Reunion



SANFORD FAMILY CAMP / REUNION
ATTN: DANA THERING
11440 S ATHEY AVE
CLARE, MI 48617

June 23 - 28, 2017

Guest Ministry:
Apostle Lachlan Mackay
High Priest Adam Bouverette

Place
Stamp
Here



2017 Registration

Last Name: _____

First Name: _____

Address: _____

Street

City State Zip Code

Telephone Number: (____) _____ - _____

E-mail Address: _____

Congregation: _____

Priesthood Office: _____

Invited by (if applicable): _____

Spouse (*if attending*)

First Name: _____

Priesthood Office: _____

Children/Sponsored Youth

Name: _____

Age: _____ Grade: _____

Lives Within Same Household? Yes No

Name: _____

Age: _____ Grade: _____

Lives Within Same Household? Yes No

Name: _____

Age: _____ Grade: _____

Lives Within Same Household? Yes No

Name: _____

Age: _____ Grade: _____

Lives Within Same Household? Yes No

Special Dietary Needs: _____

Medical Information and Release Forms

are required for ALL Campers

2017 Registration Options:

2-Day Rate: Includes 2 overnight stays, 6 meals and all activities and classes for all age groups for the two days selected

	<u>By May 15</u>	<u>After May 15</u>
Per Individual	<input type="checkbox"/> \$40	<input type="checkbox"/> \$75
Family Maximum	<input type="checkbox"/> \$120	<input type="checkbox"/> \$225

Full Reunion: Includes all overnight costs, meals, classes and activities for all age groups from Friday Evening to Wednesday Afternoon

	<u>By May 15</u>	<u>After May 15</u>
Per Individual	<input type="checkbox"/> \$65	<input type="checkbox"/> \$115
Family Maximum	<input type="checkbox"/> \$195	<input type="checkbox"/> \$345

Deposit of \$10 per person or \$25 per family is due upon registration to receive the Early registration discount*

Family Rate is Only Applied to Family Living in the Same Household Ages 5 and Under are FREE!

2017 Sanford Reunion Additional Options:

Campsite Reservation: Reserving a specific campsite is optional, there is no additional cost to select a campsite upon your arrival at camp. To reserve a campsite, please include a \$35 non-refundable fee with your reservation.

Guest Lodge: A limited number of guest lodge units are available for \$200 per unit and must be rented for the entire reunion. To reserve a guest lodge please include a \$50 non-refundable deposit with your registration. Please note that specific guest lodge units cannot be guaranteed.

Please mail all Registration Forms and Fees to:
Sanford Family Camp / Reunion
Attn: Dana Thering
11440 S Athey Ave
Clare, MI 48617

Registration Details:

Section A: REGISTRATION

Please select one: Full Reunion 2 Day Rate

Please select one: By June 1 After June 1

Please complete the following based upon above selection and costs summarized to the left:

Are you registering under the family rate as all of the individuals in your party are family members that live in the same household?

YES NO

Number of Individuals in Party _____

Total Registration Fee: \$ _____

Section B: OPTIONAL ADD-ONS:

Campsite Reservation: \$35 due upon registration*, please select 3 campsites in the event your first choice has been reserved:

Campsite: Quantity _____ X \$35 = \$ _____
1st 2nd 3rd

Campsite Number: _____

NEW! Community Cabin (no charge) _____
(Stay in a youth cabin/bunk environment)

Guest Lodge Reservation: \$200 per unit / \$50 due upon reservation*

Apartment: Quantity _____ X \$200 = \$ _____

Reunion Adult Class Text

Books: Quantity _____ X \$16.00 = \$ _____

Total Optional Add-on Fees: \$ _____

Total Amount Due:

Total Section A (registration): \$ _____

Total Section B (optional add-ons): \$ _____

Total Amount Due: \$ _____

Total Amount Enclosed**: \$ _____

Total Amount Due Upon Arrival: \$ _____

***Deposit of \$10 per person or \$25 per family is due upon registration in order to receive the early registration discount; all deposits are non-refundable.*

Please make all checks payable to
Sanford Reunion

Emergency Health Information

This information is required for all Sanford Reunion attendees and will be kept in a private file by the camp health officer

Date: _____ Family's Last Name: _____

Family Cell Phone Number _____

(Number to be used by camp health officer to contact you in case of emergency while on the grounds)

1) Camper's Name: _____

Please list allergies or circle → **NONE:**

Please list any medical condition(s) which, in case of an emergency, could require special or urgent attention:

Please list all medications this camper is taking: _____

2) Camper's Name: _____

Please list allergies or circle → **NONE:**

Please list any medical condition(s) which, in case of an emergency, could require special or urgent attention:

Please list all medications this camper is taking: _____

3) Camper's Name: _____

Please list allergies or circle → **NONE:**

Please list any medical condition(s) which, in case of an emergency, could require special or urgent attention:

Please list all medications this camper is taking: _____

Please list any additional campers on the back of this form and circle → **Continued On Back**

Please provide the telephone number of one or more person(s) back home (away from the campground) to notify in case of an emergency.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Sanford Reunion 2017
Consent to Medically Treat and Camper/Sponsor Contract

Name of Child/Youth to be Sponsored:

- 1.) _____ Age: _____
2.) _____ Age: _____

Name of Parent/Legal Guardian: _____

Address: _____ Phone Number: _____ (Home)
_____ (Cell)
_____ City _____ State _____ Zip Code

Please Provide the Following Insurance Information:

Name of Insured: _____ Insurance Company: _____
Account Number: _____ Group Number: _____
Doctor's Name: _____ Doctor's Phone Number: _____
Doctor's Address: _____
_____ City _____ State _____ Zip Code

The Community of Christ Sanford Reunion Medical Staff and Sponsor of the Above Named Child/Children Shall Have the Following Powers:

1. The power to seek appropriate medical treatment or attention on behalf of our child/ children as may be required by the circumstances, including, but not limited to, medical doctor and/or hospital visits.
2. The power to authorize medical treatment or medical procedures in an emergency situation.
3. The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.

Sanford Reunion Camper/Sponsor Contract

The Child/Youth:

1. Must camp within or beside the sponsor camp site. No camp site changes after registration is complete.
2. May not leave the campgrounds nor may ride in a vehicle without sponsor's permission. The sponsor must know of the child/youth's whereabouts.
3. Is not allowed by the Community of Christ and Michigan State Law MCL 333.12603 to smoke in any building, dwelling, structure, or on any open area of the campgrounds. This includes the entrance gate.
4. Must understand alcohol, illegal drugs, and medicinal marijuana is strictly prohibited on Community of Christ property. All prescribed medications must be listed with the Medical Staff and Sponsors must be aware of the medications. At no point is the medication allowed off the camp site or out of the trailer/tent. This is for the safety of ALL campers.
5. Must be mindful to all Sanford Reunion Rules/Policies/Regulations. This includes 11PM Lights Out and scheduled Quiet Time at 1pm. This also includes Water Safety and Medical Staff Safety Rules.
6. Must be respectful to ALL members of the Sanford Reunion by helping to maintain a Christian/ Family atmosphere. This is done by not using profanity, by not wearing offensive clothing and inappropriate graphics, and by not having loud music. Please remember this is a Family Camp with people of ALL ages.
7. Must follow all instructions and requests of the Sanford Reunion Staff Team and Administrative Director.

If at any time the Sponsor Contract is broken, the above Parent/Guardian will be called and notified to take the Child/Youth home.

Signature of Parent/Legal Guardian

Date: ____/____/____

Signature of Sponsor

Date: ____/____/____

Signature of Child/Youth

Date: ____/____/____



Community of Christ

PHOTO RELEASE

Date: _____

Description of Use: _____

I, _____, being of legal age hereby give consent to and authorize Community of Christ, its successors, legal representatives and assigns, to use and reproduce my name, voice, and likeness (photographs, illustrations, video tape, Web site, or film) taken by _____ on this day, _____, and circulate same for any and all official resource, use, or purpose including print, film, or electronic reproduction of every description. Consideration is hereby waived and no further claim of whatsoever nature will be made by me. No representations have been made to me.

Photo Subject

Name (please print): _____

Signature: _____ Phone: _____

Address: _____

Witness

Signature: _____

Address: _____



Community of Christ

PHOTO RELEASE FOR A MINOR

Date: _____

Description of Use: _____

I, _____, being of legal age hereby give consent to and authorize Community of Christ, its successors, legal representatives and assigns, to use and reproduce my name, voice, and likeness (photographs, illustrations, video tape, Web site, or film) of _____ taken by _____ on this day, _____, and circulate same for any and all official resource, use, or purpose including print, film, or electronic reproduction of every description. Consideration is hereby waived and no further claim of whatsoever nature will be made by me. No representations have been made to me.

Photo Subject

Name (please print): _____

Signature of legal guardian: _____

Phone: _____

Address: _____

Witness

Signature: _____

Address: _____