



Bluewater Reunion 2018

On behalf of the **Michigan Mission Center: Blue Water Reunion staff**, I would like to invite you to attend our reunion scheduled for the week of June 30– July 7, 2018. If you have never been to Bluewater, the campground is located in Lexington Michigan, right on the beautiful shores of Lake Huron.

Blue Water offers a full service trailer area, a lodge with a variety of room sizes, several refurbished cabins and camping area for those that enjoy staying in tents. First floor rooms in the lodge and accessible cabin space will be limited, so plan to register early. This year all lodging spaces will be assigned whether in the lodge, the cabins or the RV park. If you have any special needs, please state them on the registration form so we can do our best to accommodate you. This year **BICYCLES** will be allowed, but they must be registered and helmets must be worn at all times when riding. For those with difficulty walking, golf cart transportation services will be available!

This reunion will be a wonderful experience for all of us, as we come together to create unique sacred community. Our Guest Ministers will be Apostle Art Smitt and Adam Bouverette from the Michigan Mission Center President team.

We will have special events scheduled for the 4th of July, an ice cream social, a talent show, great worships, classes, food, campfires, fellowship, softball, late night volley ball and more! We hope that those who attend will make a special effort to get to all activities!

For more information, call me at (810)730-3501 or email me at uofmtim@gmail.com. You can also follow us on Facebook at www.facebook.com/bluewaterreunion/.

Please hold the reunion and staff up in your prayers as we plan a memorable experience for all of you, and plan to join Us as we create a sacred, Community of Christ!

See you at Reunion!

Tim Ross

REGISTRATION FEES

Michigan Mission Center; Bluewater Reunion
June 30 – July 7, 2018

Registration / **\$50.00 Deposit Requested by June 1st, 2018**

\$125.00/ per person per week

\$425.00 cap for immediate household family up to four people

(\$25.00 per person over four people)

Additional Fees

...for **Overnight Camp Guests**

\$25.00 per person each day for 3 meals and lodging

...for **Day Guests** per meal

\$5.00 Breakfast

\$8.00 Lunch

\$8.00 Dinner

MAIL IN REGISTRATION (send check and form to)

Jennifer Ross (Registrar)

3641 Eckert Rd Freeport, MI 49325 ~ 616-490-4979, jlynross70@gmail.com

(Make checks payable to "Community of Christ")

ON-LINE REGISTRATION

<http://www.cofchristmi.org/>

Click on the events tab and go to **Bluewater Reunion**

DAILY AND PARTIAL WEEK REGISTRATIONS

All persons on the campground must be registered. You can register by finding the Registrar or during meals at the Dining Hall check in table.

Camper Lots, Cabins and Lodge Rooms fill quickly and are assigned in the order registrations are received, please select 1st and 2nd choices for lodging on the enclosed map.

IF NOT PARTICIPATING IN ON-LINE REGISTRATION

Mail this Registration Form to

Jennifer Ross, 3641 Eckert Rd., Freeport, MI 49325, 616-490-4979, jlynross70@gmail.com

REGISTRATION

Michigan Mission Center, Bluewater Reunion
June 30 – July 7, 2018

Last name _____

First name _____ Spouse _____

Address _____

City, Zip _____

Phone: (____) _____ e-mail _____ @ _____

Congregation _____ Priesthood Office _____

Spouse Priesthood Office _____

Family Members # ____ Housing: Lodge Cabin RV Tent

The Lodge, RV Park and Cabins fill up quickly, please specify a preference on the enclosed map and register early as these accommodations are filled in a first come first serve basis.

Childs Name:	Age:	Grade	
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Special dietary needs: _____

I understand that I must have health care information and medical release forms for these campers, that I am responsible for these campers and that they will camp with me or next to my tent or trailer. And they will participate in all activities for their grade or be with me.

Signed _____

Relationship _____

(A guardianship form must be presented to registrar for each child outside of your immediate family that you sponsor. You may sponsor up to two children per family, any special consideration **MUST** be cleared with the Reunion Director, Tim Ross (3641 Eckert Rd., Freeport, MI 49325 ~ 810-730-3501 ~ uofmtim@gmail.com)

*Please send Pre-Registration fee of \$50.00 by **June 1, 2018.***
Camper Lots, Cabins and Lodge rooms are assigned in the order registrations are received.

LODGING SELECTION

Please indicate your 1st, 2nd and 3rd choices for lodging:

Lodge Room # 1. _____ 2. _____ 3. _____

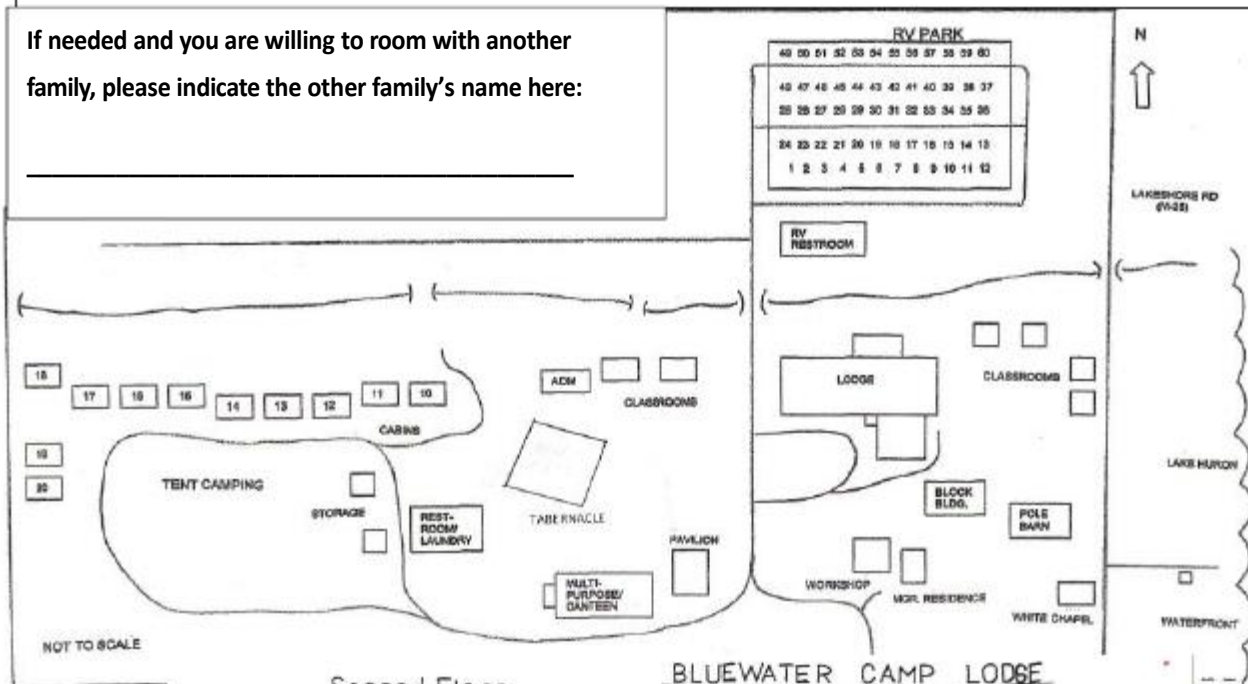
Cabin # 1. _____ 2. _____ 3. _____

RV Site # 1. _____ 2. _____ 3. _____ RV Length: _____

Disability Needs*: _____

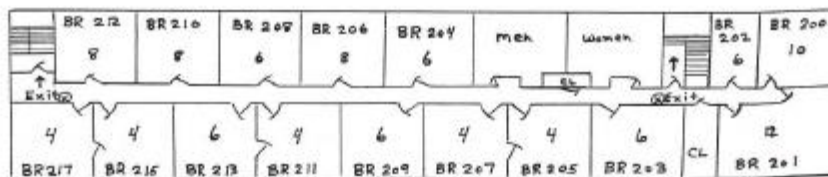
*First floor rooms and accessible cabins will be reserved for those with disability needs.

If needed and you are willing to room with another family, please indicate the other family's name here:

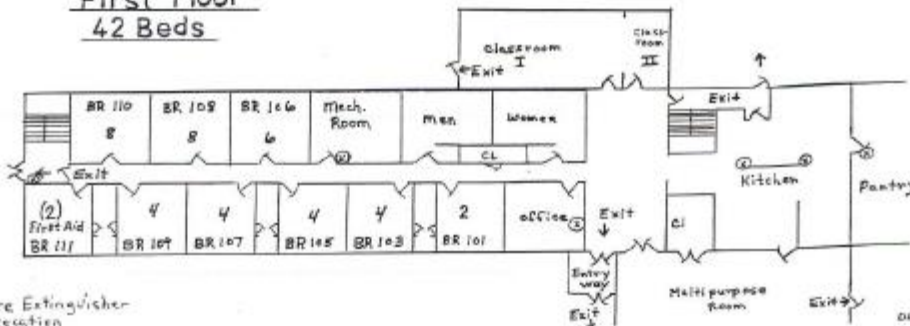


Second Floor
102 Beds

BLUEWATER CAMP LODGE
total beds 144



First Floor
42 Beds



⊗ Fire Extinguisher location

GUARDIANSHIP FORM

Michigan Mission Center Bluewater Reunion 2018

Youth Name: _____

I agree to obey all Bluewater Camp Rules, and I will listen to my sponsor and camp director.

I understand I am expected to attend all youth activities, classes and worships as explained by the Camp Director and Teachers. I will be a positive example for all those younger than me.

Youth Signature: _____

Sponsor Name: _____

Address: _____

City, Zip: _____

Phone(____) _____ e-mail: _____

Emergency Contact Name: _____

Address: _____

City, Zip: _____

Phone: (____) _____ Email: _____

Medical Insurance Information: Provider: _____

Policy Number: _____

Name of Subscriber: _____

Any special medical information should be listed on the back of this form. This includes any medications, allergies or medical conditions. This Medical Release Form is authorized for the Community of Christ: MMC Bluewater Reunion. While my child is attending the Reunion at Bluewater Campground, I hereby authorize consent to the following medical treatment for the child listed above.

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician. This authorization shall remain effective until my child completes his/her activities at this camp or unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the Community of Christ or Bluewater Campground.

Signature of Parent/Guardian

Date

Emergency Day Phone (____) _____ Emergency Night Phone (____) _____

Mail this Guardianship Form to

Jennifer Ross, 3641 Eckert Rd., Freeport, MI 49325 ~ 616-490-4979



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: _____