

Chicago USA, Mission Center Reunion Registration

From: July 10, 2010 To July 16, 2010

Name: _____ Telephone: _____ E-mail: _____

Address: _____

Congregation: _____

Housing Desired: Dorm: _____ Trailer Space: _____ Tent Space: _____

Camper & RV resources:

Air Conditioning: _____

Registration Fee: Adults: \$10.00 Children (10yrs and under): \$5.00

All arrangements will be made on a first come basis. We will attempt to honor those with special needs depending on their date of registration.

There will be a special offering during the week on Wednesday evening, to cover the actual costs of the Reunion. Please make preparations to share what you can financially so that others who might not be able to afford the week can be with us. Please consider what you would have spent at home this week in your giving.

Please make checks payable to **Community of Christ**

Please mail them to: Community Of Christ, Mission Center Office,

ATTN: Reunion Registration

PO Box 901

Oswego, IL 60543

Note from the Nurse: Every family needs to bring First Aid supplies from home. These are to be used for day-to-day needs as you would at home. (Band-Aids, Tylenol, etc.) The Nurse is to be utilized for serious injuries and needs such as Blood Pressure monitoring, etc.

To assist in the planning of Reunion, please provide the following information for those attending Reunion with you.

Name	Grade completed	Age	Relationship
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

***Special considerations** (meals, housing, etc:) _____ (Use back as needed)

Days I/we plan to attend S S M T W T F