

"COME: BE FED AND BE FILLED"
Rio Grande Mission Center Reunion, July 10-14, 2009

Registration: Please return registration form and full payment to the business manager.

Directors:

Bob & Phyllis Windes
7 E. Peak Ct.
Estancia, NM 87016-8024

Business Manager:

Jon Brinkmann
P.O. Box 985
Cloudcroft, NM 88317-0985

Reminder:

Reunion begins on Friday evening, July 10th, with registration, and ends on Tuesday, midday.
When arriving at the campground, please check with the registrar to find out which cabin you will be in or what space has been assigned for your trailer or RV.

All fees must be sent in with your registration form (Or paid via PayPal see <http://www.rgcofc.com/Paypal.htm>). No checks will be deposited before Monday during reunion.
Registration fees are refundable up to 7 days prior to reunion.
Please note there is no LATE registration fee this year. We trust you will register early to give Camp Leadership adequate time to prepare.

Registration Fee:

Per person for the four days: \$110.00

Children under two FREE.

Maximum cost per family*: \$350.00

*Family is understood to be parent(s) and children within one household, or grandparents bringing their grandchildren.

Per person per day: \$ 27.50 with overnight stay.

The fee schedule covers the majority of the cost for reunion: housing, ground fees and food.

Offerings will be taken to cover the cost for guest ministry, class materials and activities.

Sacramento Auction

Please bring an item to donate to the auction. The proceeds of the auction will go to the development fund of Sacramento Mountain Retreat.

Information:

1. Please bring your own bedding, towels, bath mat, throw rug, etc.
2. Sacramento Mountain Retreat Rules do not allow pets of any kind on the grounds.
3. The camp has limited housing. Please register early.

Rio Grande Mission Center Reunion Registration Form

(Mail to Business Manager – Address on page)

Please complete the following information and mail with full registration fees to the business manager (listed on page1).

Family Name _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

Family E-Mail Address _____

Congregation _____

Camper's Name	Age	Grade (going into)	Priesthood Office	Gifts you wish to share with the reunion:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In the Gifts column, please share in which way you want to help at the reunion (i.e., singing a solo, in a group or choir; playing the piano or musical instrument; participating in services through drama, mime, storytelling, etc.; helping with small children; caring for children in the nursery, etc.)

HOUSING

Housing Request

- _____ Tent with Lights
- _____ Female Dormitory
- _____ Male Dormitory
- _____ Family Unit ½ Cabin (Limited number of cabins available)

- Specify size of Camper/Trailer _____
- _____ Trailer/Camper space with light only
 - _____ Trailer/Camper space with light and water
 - _____ Trailer/Camper space with lights, water, and sewer

Special needs: If you have a medical or dietary need, please indicate:

Youth Sponsor: All campers under the age of 18, not with their parents, **must** have an adult sponsor. The adult sponsor must be at least 25 years old. The sponsor is to be responsible for supervision & conduct of the camper and the camper must be housed with the sponsor. **No one can sponsor more than 2 persons.** A registration form must be completed by the camper and signed by a parent and the sponsor.

Camper's Signature _____

Parent's Signature _____

Sponsor's Signature _____