

Mid-Atlantic Mission Center  
2010 Reunion Registration  
July 3 – July 10, 2010

Name: \_\_\_\_\_ Congregation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please circle **D** for all the days and **N** for all the nights each person plans on attending camp. If attending all week, just put a check mark or **X** in the All Week box.

Adults (18 and over)	Priesthood Office (if any)		Sat	Su	Mo	Tu	We	Th	Fri	Sat	All Week
			7/3	7/4	7/5	7/6	7/7	7/8	7/9	7/10	
			N	D N	D N	D N	D N	D N	D N	D	
			N	D N	D N	D N	D N	D N	D N	D	
			N	D N	D N	D N	D N	D N	D N	D	
			N	D N	D N	D N	D N	D N	D N	D	
Youth (under 18)	Age	Grade in Fall									
			N	D N	D N	D N	D N	D N	D N	D	
			N	D N	D N	D N	D N	D N	D N	D	
			N	D N	D N	D N	D N	D N	D N	D	
			N	D N	D N	D N	D N	D N	D N	D	
			N	D N	D N	D N	D N	D N	D N	D	

Please explain any special dietary needs: \_\_\_\_\_

If you have any special needs for housing or plan on providing your own, please state here: \_\_\_\_\_

**PHOTO RELEASE:**

In consideration of the right of the applicants listed above to participate in this event, I give consent to and authorize the taking of photographs or videos in which the applicant may appear. I waive all right of privacy in and to any said photographs or videos. Applicant/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Whether you come for a day or the whole week, it is important that you register and pay the \$20 registration fee per person. Free will offerings will be held throughout the week to help pay for the total cost of Reunion. Please make checks payable to MAMC and send them to:**

**Meredith Hauser  
218 Oak Lane  
Tabernacle, NJ 08088**

By completing this registration form and sending it, with payment, to the registrar in a timely fashion, you are helping us plan accordingly for meals, housing, and classes. Thank you for your cooperation.