***Community of Christ***

THEME: ***"BREATHE NEW LIFE”***
GUEST MINISTER: **Moana Faana, Apostolic Assistant**

OKLAHOMA'S ROBBERS CAVE REUNION: **July 8-13, 2018**

**Business Manager: Camp Director:**

Sally McGowen Kim Hardaway

PO Box 97 P.O. Box 42

Fanshawe, OK 74935 Panama, OK 74951

sallymcgowen@yahoo.com khardaway@poteaufumc.com

918-658-9231 cell / 918-659-2361 home 918-721-4902 cell/918-963-4157 home

**REGISTRATION**

Early Registration by July 6 $10.00 Children 6 and under $5.00

After July 6 $15.00 Children 2 and under Free

**Meal Tickets: Individual Meals:**

Adults (12 & older) $40 Breakfast $3.00

Ages 3 – 11 $30 Lunch $5.00

 Dinner $5.00

**Tent or Trailer Space: Rental:**

Heavy Electric $125 Cabin $125

Daily $25

PLEASE COMPLETE THE FOLLOWING INFORMATION AND MAIL WITH YOUR REGISTRATION FEES TO **SALLY MCGOWEN.**

………………………………………………………………………………………………………………………………………………………………………..

I/We are registering for Robbers Cave Reunion, July 8-13, 2018.

Family Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all Family Members by First Name:

Adult’s Name Child’s Name Child’s Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Number Registered Meal Tickets Accommodations

7 & older \_\_\_\_\_\_\_\_ 12 & older \_\_\_\_\_\_\_\_ Hookup\_\_\_\_\_\_\_\_\_\_\_

6 & under \_\_\_\_\_\_\_\_ 3 thru 11 \_\_\_\_\_\_\_\_ Cabin\_\_\_\_\_\_\_\_\_\_\_\_\_

2& under \_\_\_\_\_\_\_\_

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

**Note:** All campers under 18 years of age, **who are not with their parents**, must have an adult sponsor who will be responsible for the supervision and conduct of the camper.

Camper’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_