



Healing & Freeing of the Spirit Reunion

REGISTRATION FORM

July 22nd - 28th 2023

	Student	Adult	Couple	Family	Total
Daily Rates	Age # of (6-12 yrs)	Age # of (13+ yrs)	# of (2 People)	4 people # of (or more)	Total
Number of days:					

Weekly Rates	Age # of (6-12 yrs)	Age # of (13+ yrs)	# of (2 People)	4 people # of (or more)	Total

Reunion Rates: INCLUDE HST @ 13%

**** Tear Here ****

Contact Information (Information about you and your guests)

Name (Custodial Parent): _____ Allergies: _____

Address: _____

Campsite or Dorm room #: _____ Estimated Cost: _____

Phone: _____ Email: _____

Additional Guest's Names	Ages	Meals	Allergies

Special Needs (Medical, etc): _____

Please make cheques payable to: **Community of Christ**

Privacy Policy: We respect your privacy. We protect your personal information and adhere to all legislation requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up-to-date on the activities of the Reunion including programs, services, special events, funding needs, opportunities to volunteer or to give, and more thorough periodic contacts. If at any time you wish your name to be removed, simply contact us at the telephone number or email shown below and we will gladly accommodate your request. We ask your permission to use pictures or videos in which you appear for promotional materials to help promote the grounds or reunion.

Photo Release: I hereby give consent to and authorize the taking of photographs or videotapes, in which I appear, to be used in ways consistent with this privacy policy.

Photo Release and Privacy Policy Signature: _____

Mail or Email this form to: Sharon & Ron Grigsby: registrar@healingandfreeing.ca
or mail to: 19 Briar Knoll Place, Kitchener, ON N2E 2B9