



Arizona Mission Center Reunion Campership Application

To seek financial assistance for your family to attend reunion, begin by taking this form to your congregation financial officer to determine if your congregation has assistance available. Then send the form to the mission center financial officer or the reunion registrar.

Family Name _____ Date _____

Adult Names _____

Children and Youth Names and Ages _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Congregation _____

Total Cost of Reunion \$ _____

Amount family can contribute \$ _____

Congregation assistance available \$ _____ *To be filled in by Congregational Financial Officer*

Mission center assistance available \$ _____ *To be filled in by Mission Center Financial Officer*

Please explain on the back of this form your personal/family circumstances which make it necessary for your family to receive assistance. This information is strictly confidential and is only shared with appropriate event leadership, congregational and mission center financial officers. Please complete this form and turn it in to the reunion registrar or the mission center financial officer at least two weeks prior to the beginning of reunion.

Signature _____ Date _____

Approved by Congregational Financial Officer _____
Signature Date

Approved by Mission Center Financial Officer _____
Signature Date