

2011 Registration Form



Joseph Smith Sr. Family Reunion

August 4 - 7, 2011

Kirtland, Ohio

To participate, send this form.

Include a check made to the JOSEPH SMITH SR. FAMILY REUNION.

Mail to:

JOSEPH SMITH SR. FAMILY REUNION
Steve & Frances Orton, Co-Presidents
381 W. 3700 N.
Provo, UT 84604

Primary Contact Name _____

Address: _____
(Street)

(City) (State) (Zip) (Country) (Home Phone)

LINEAGE

Lineage of Family Member Traced Back to Joseph Smith Sr.: _____

Signature: _____

Primary Contact Signature

Date: _____

REUNION Bus Tour Fees				
Includes bus fees, all hotel nights, and reunion fees				
Individuals per hotel room	Price / Person	Total Price	Quantity	Total
Single occupancy	\$1,250	\$1,250		
Double occupancy	\$750	\$1,500		
Triple occupancy	\$600	\$1,800		
Quad occupancy	\$500	\$2,000		

REUNION FEES (Staying at Reunion Hotel)				
Includes three hotel nights and reunion fees				
Individuals in hotel room (3Nights)	Price / Person	Total Price	Quantity	Total
Single occupancy	\$355	\$355		
Double occupancy	\$190	\$380		
Triple occupancy	\$133	\$399		
Quad occupancy	\$105	\$420		

REUNION Fees Only			
Reunion Fees if you are not traveling with the bus or staying at the reunion hotel			
	Price	Quantity	Total
Reunion Fees Per Person	\$20		

Payments		
From All Columns above	Total Due	
At least 50% if Possible Due by June 20, 2011	Total Submitted	
Total Fees Due by July 8, 2011	Remainder Owed	

LIABILITY POLICY: By filling out this form those registered agree and do hereby release from liability and to indemnify and hold harmless The Joseph Smith Sr. Family Reunion Organization and those volunteering their time and efforts. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event.

PRIVACY POLICY: The Joseph Smith Sr. Family Reunion Organization does not and will not sell your name or other private profile information to any outside parties.

IMAGE POLICY: By filling out this form and attending the reunion meetings and activities permission is granted to use any image of you or your family for use on the family website <http://www.josephsmithsr.org> or future family publications.

REFUND & CANCELLATION POLICY: Refunds of registration fees will be made after the reunion by August 31, 2011. Refunds on cancellations will be made as long as all reunion expenses have been covered. Cancellation notices can be sent to Frances Orton at 381 West 3700 North, Provo, UT 84604 or by email to f.orton@digis.net.

FIRST AND LAST NAME AS YOU WISH TO HAVE THEM PRINTED ON THE NAMETAGS

(Please print clearly. Use a second sheet for additional names if needed.)

Name _____
City State or Country

(email) (Mobile Phone)

Name _____
City State or Country

(email) (Mobile Phone)

Name _____
City State or Country

(email) (Mobile Phone)

Name _____
City State or Country

(email) (Mobile Phone)

FOR CHILDREN AND YOUTH (Age and Gender for Youth and Primary Activities)

Name _____ Age: _____ Gender _____
City State or Country

(email) (Mobile Phone)

Name _____ Age: _____ Gender _____
City State or Country

(email) (Mobile Phone)

Name _____ Age: _____ Gender _____
City State or Country

(email) (Mobile Phone)

Name _____ Age: _____ Gender _____
City State or Country