

## 2019 Restoration Branch Family Reunion & Conference of Restoration Elders (CRE) Registration Form

Name of Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of Spouse and/or Other Family Members Attending: (Children 18yrs or older, register seperatly)

*Include Age and Grade for each Child:*

Restoration Branch/Group You Attend: \_\_\_\_\_ Email: \_\_\_\_\_  
 City/Town where it's located: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check the box or boxes that best represent your family's planned attendance:

All Sessions  Morning Classes  CRE Business Sessions   
 Morning Worship  Afternoon Classes  Evening Worship

**MEALS:** Breakfast, lunch, and dinner will be provided on campus each day beginning with Sunday, June 23, 2019. Last meal will be served Friday dinner, June 29, 2019.

Number in your family eating meals at the Reunion: \_\_\_\_\_

Check the box or boxes that best represent the meals your family is planning to eat at the Reunion:

All Meals  Lunch  None   
 Breakfast  Dinner

**HOUSING:** If you have room for guests who are attending the Reunion/Conference, or need housing, contact the CRE: Email: eldersconference7@gmail.com OR call 816-836-3421, or out of area at 877-748-8947 (tollfree) Leave a message.

Number in your family needing housing: \_\_\_\_\_

Check the box or boxes the best represents your housing preferences:

Will Make Own Arrangements  Prefer Private Home   
 Need Housing Assistance  Prefer Motel/Hotel

Nursery Services Needed Yes  No

List Other Special Needs You Have:

**SKILLS/INTERESTS:** Provide name of family member(s), willing to help with:

Special Music	_____
Piano/Organ	_____
Teach/help with a class	_____
Children/Nursery	_____
Dining Room/Kitchen	_____

Signature of Adult Registering: \_\_\_\_\_

**FEES:** There is no registration fee for the reunion or Conference of Restoration Elders. Expenses are covered through offerings and donations. To make a donation prior to reunion, make checks payable to the CRE and in memo note for "Reunion/Conference." Conference notebooks are available for a minimal fee to cover the cost of the binder and printing. **DISPLAYS:** To request having a display, contact the Conference Manager as soon as possible by contacting the CRE office. **YOUTH:** Youth under the age of 18 yrs should be under the supervision of an adult when attending Reunion/Conference activities. **QUESTIONS:** Email the CRE at, eldersconference7@gmail.com OR call the CRE Office at 816-836-3421, or out of area at 877-748-8947(toll free) and leave a message if no one is there.

## Priesthood Information and CRE Registration

Name(s) of priesthood members in family planning on attending Reunion and/or Conference:

Name of priesthood member: _____	Current Priesthood Office: _____
Name of priesthood member: _____	Current Priesthood Office: _____
Name of priesthood member: _____	Current Priesthood Office: _____

**CRE CREDENTIALING INFORMATION:** Priesthood members NOT participating in the CRE business sessions do not need to be credentialed, and do not need to provide credentialing information.

All Melchisdec priesthood members, regardless of having been previously credentialed, need to register and be credentialed for each Conference. Each priesthood member desiring to be seated in Conference should provide, if not previously having done so, a copy of their ordination certificate, or other official documentation, which reflects the date and place of their ordination, as well as the names of the ministers who ordained them. Anyone not providing this documentation at the time of sending in this registration, should make every effort to provide it as soon as possible. If for some reason a priesthood member is unable to obtain or provide documentation of their ordination, someone from the CRE will contact them to discuss their situation.

Are you a Melchisdec priesthood member registering to participate in the CRE business sessions?

Yes

No

If "Yes" - you will need to answer one, or more questions below.

If "No" - thank you for sharing your information. Please sign this form at the bottom to complete your registration.

From the choices below, check the credentialing status that best represents your situation:

Have been credentialed before, and have already provided documentation

Have not been credentialed before, and will provided documentation

Have not been credentialed before, and am unable to provided documentation

If the following priesthood ordination information HAS NOT been previously provided, please provide it below. This is not a substitute for the required documentation discussed above.

Ordination Date: \_\_\_\_\_

Names, and Priesthood Offices, of the men who ordained you.

Name of Spokesman: \_\_\_\_\_

Priesthood Office: \_\_\_\_\_

Name of the one Assisting: \_\_\_\_\_

Priesthood Office: \_\_\_\_\_

Signature of Adult Registering: \_\_\_\_\_