

Registration For FGBMF MEN'S WEEKEND Trossachs Camp 2026

Name _____

Phone- Home # _____

--Cell # _____

Address-- _____

Town/City-- _____

Prov. Postal Code- _____

Email-- _____

Paid? Amount-- _____

Method—E-transfer, Cheque, Cash-- _____

Date Reg. Paid-- _____

Would you be willing to share a cabin/ room with someone else?

Yes ____ No ____ If yes name of person or persons you want to share with

Cabin or Room Number _____

Email registration to address on poster