

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