



CHS-MC 2019 Guys
Weekend Camping Trip
September 13th-15th

Please have your registration form into
the office by Friday, Septmeber 6th.

First Name _____ Last Name _____

Address _____

City, Province, Postal Code _____

Email _____ Phone Number _____

Date of Birth _____

Emergency Contact Information

Emergency Contact Name _____

Emergency Contact Phone Number _____

Emergency Contact Cell Number _____

Food Allergies & Restrictions

Please let us know about any food allergies or restrictions you may have.



Just a couple more questions to help us plan....

Are you on home management? _____

Can you do your own treatment? _____

Last but not least....

Do you have any questions or concerns? The guys who went in 2018 had a great time. If there is something you are worried about, maybe we can put that to rest.

Thanks!