

MEN'S ROUNDUP REGISTRATION (SEPTEMBER 6 - 8, 2024)

FAIRFIELD BAPTIST CHURCH GROUP USE ONLY

Please complete this registration form as completely as possible. Turn in completed form to Ryan Prieb, Associate Pastor, in-person or by email (ryanp@fairfieldbaptistchurch.com)

1) PRIMARY REGISTRANT CONTACT I	NFO	
First Name	Last Name	<u> </u>
Phone	Email	
2) LIST ANY/ALL DEPENDENT(S) YO	U ARE REGISTERING	
Must be high school aged or older		
First Name	Last Name	Age
First Name	Last Name	Age
3) TRANSPORTATION		
Camp Tadmor can be tricky to find if you' your transportation preference.	ve never been. Plus, we want to find ways to he	lp each other get there. Please indicate
☐ I will be driving up myself. I am ur	nable to take anyone with me.	
☐ I am driving and can take others	with me. How many:	\square I need to carpool with someone else
4) SLEEPING ARRANGEMENTS		
Please check if you are bringing a trailer/trailer/RV, and how many.	'RV or a tent. Please also check if you can accon	nmodate anyone in your tent or
☐ I will be bringing a trailer/RV. Len	gth (in feet):	
☐ I can accommodate others	with me in my trailer/RV. How many:	
☐ I will be bringing a tent		
☐ I can accommodate others	with me in my tent. How many:	
☐ I need to stay in someone else's	tent or trailer	
5) MEALS & DIETARY RESTRICTIONS		
Since we provide our own meals we are a and able to do.	sking every man to help by serving in some fasl	hion. Please check what you are willing
\square I am able to help with cooking an	ıd/or food prep □ I am a	able to help with cleaning
lue I am able to help with any other r	niscellaneous tasks required	

Food allergies and dietary restrictions. List any/all food allergies or dietary restrictions for anyone you are registering. Please indicate the name of the person for each allergy listed.

Meals are \$6 per person, per meal. Based on when you plan on arriving	g at Camp Tadmor please check the m	eals you will be needing for everyone you are registering.
Thursday ☐ Dinner (for those arriving e	early to help with setup)	
Friday □ Breakfast	Saturday □ Breakfast	Sunday □ Breakfast
☐ Lunch	☐ Lunch	
☐ Dinner	☐ Dinner	
Total Number of Meals (Numb Total Meal Cost (\$6 X Total Nu Include this amount in the cos		ered) :
6) SMALL GROUP DISCUSSION		
	talked about. If you are interested in f	n small groups (4-5 guys) to share our thoughts and facilitating a small group discussion, please check the
□ I am interested in facilitati	ng small group discussions	
7) COST		
A \$20 DEPOSIT IS REQUIRED TO	HOLD YOU SPOT(S) ALONG WITH	THIS REGISTRATION FORM
Men's Roundup Registration Cost: Meal Cost: \$6/PER MEAL/PER PERS	\$95/PER PERSON <i>(before August 2. Af</i> CON	ter August 2, cost is \$110)
Registration cost (\$90 X Num	ber of People): \$	
Cost for meals (from Section	ā above): \$	
Total Roundup Cost	\$	
FUNDS INCLUDED WITH THIS FORM:		
☐ \$20 deposit hold	☐ Additional funds toward Men'	s Roundup Registration: \$
Total Included with Registrati Cash and Checks are accepted	on Form: \$ d (payable to Fairfield Baptist Church;	"Men's Roundup" on the memo line)
		ng. Scholarships are available for anyone wishing to gistration cost. Please indicate below what your needs n scholarships.
$\hfill\Box$ I am requesting a full or partial	scholarship to attend (we will contact	you to discuss options)
	·	ease indicate below how much you would like to put ntact you when a scholarship is needed.)
☐ I am including funds with t	his form to go toward scholarships. Ho	ow much: \$
☐ Please contact me if any s	cholarships are required.	