

**2026 Men's Retreat
Registration**

Graeagle Community Church
Jackson Meadows Reservoir
September 11th-13th

Name: _____

Phone: _____

Address: _____

Email: _____

Accommodation:

_____ Tent site

_____ RV/Trailer site

_____ Commuting/only coming during day

Do you have any special needs including dietary restrictions, breathing machine, allergies, or important medical conditions to be aware of?

Would you like to request a scholarship to help cover your retreat costs?

Yes _____

Would you like to help provide a scholarship for someone else?

Yes _____ Amount _____

Retreat Cost: \$80

Amount paid:

Cash _____

Check (made payable to Graeagle Community Church) _____

Emergency Contact:

Name:

Phone:

Return complete form to: Graeagle Community Church
P.O. Box 1208
Graeagle, CA 96103