Oct. 10-11, 2009 Feast of Hunter's Moon Military Participant Application

Name of unit		**Home Phone**	
Contact name		**Work Phone**	
Mailing Address		**Fax**	
City / State / Zip		**E-mail**	

Military

I am Affiliated with: North West Territory Alliance

List full name of unit:

Primitive Camping Application

Type	**Total number of each**	**Size W' X L' ropes included**
Marquee		
Wedge		
Fly		
Other		

Participant names	**Type**	**Size W' X L'**

Total number of participants attending

SIGNATURE **DATE**

RETURN TO:	**Thomas Langenfeld**	**Phone 708 672 8615**
by 9/8/2009	**1261 Columbia St**	**Fax 708 672 8615**
	Crete, IL 60417-2133	**Email qr1780@sbcglobal.net**