

Friends of Camp Floyd New Member Registration Form

Please Print Legibly

Name: _____ DOB: ____ / ____ / ____

Address: _____

Phone: (____) _____

Email: (If Applicable) _____

Have You Ever Been A Living Historian Before? YES NO

What interests you about becoming a Living Historian with FoCF?

What knowledge do you have (in general) about Camp Floyd, the Utah War and the Civil War?

Do you have your own form of transportation to and from events?

YES NO

Have you ever been convicted of a felony?

YES

NO

If yes, please describe.

I hereby certify that I have answered the above questions honestly and to the best of my knowledge.

Signature _____

Date: ____/____/____