

**REGISTRATION FORM – MONTANA AGLOW – *IN HIM***

March 27<sup>th</sup>, 28<sup>th</sup>, & 29<sup>th</sup>, 2026 The Sherman, Wolf Point, MT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SPOUSE'S NAME (if attending) \_\_\_\_\_

ADDRESS (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

EMAIL \_\_\_\_\_

NOTES \_\_\_\_\_

**Registration Fee**  
\$65 per Person

Make Checks Payable to: [Montana Aglow](#)

Mail this form and your payment to: [Marti Bushfield](#)  
[P.O. Box 642](#)  
[Eureka, MT 59917](#)

**You Must Mail This Form Soon**