

EVENT REGISTRATION FORM

Please print this form, fill it out, and mail to:

Gallitzin Area Alumni Association
PO Box #1
Gallitzin, PA 16641

Please consider:

Item	Price	Quantity	Total
Dinner Ticket	\$25.00	_____	_____
50-50 Ticket	\$1.00	_____	_____
Membership Fee	\$5.00	_____	_____
Donation to the Scholarship Fund			_____
Donation to the Alumni Association			_____
Total:			_____

Please make check payable to **Gallitzin Area Alumni Association**.

Receipt by request only.

Name _____ Class _____

Spouse's Name (if applicable) _____ Class _____

Address _____

City _____ State _____ Zip _____

Area Code _____ Telephone Number _____