



Gallowglass Academy, Inc.

Training, Tradition, Defence

P. O. Box 201

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GallowglassAcad@aol.com

A Thoroughly Generic Registration Form

Name _____

Street Address _____

City/ Town State/Province ZIP/Postal code

Telephone (_____) _____ E-mail: _____

Enclosed is \$ _____ for / toward

enrollment in _____
(name of class)

Gallowglass Academy Membership

Yes, I am at least 18 years old.

Mail to **Gallowglass Academy, Inc., P. O. Box 201, Leaf River, IL 61047-0201**

10-Dec-03