

Third District Sons of The American Legion Spring 2010 Conference Registration

PLEASE PRINT

Delegate 1. ID # _____ Date of Birth _____

Name _____

Delegate 2. ID # _____ Date of Birth _____

Name _____

Alternate 1. ID # _____ Date of Birth _____

Name _____

Alternate 2. ID # _____ Date of Birth _____

Name _____

Guest. ID # _____ Date of Birth _____

Name _____

Guest. ID # _____ Date of Birth _____

Name _____

Guest. ID # _____ Date of Birth _____

Name _____

Guest. ID # _____ Date of Birth _____

Name _____

Squadron Number: SAL 0220 Your Name: _____

I certify these are members in good standing

Signature: _____ Date: _____

Remit payment of \$20.00 per person to Sons of The American Legion, by April 1st
Attention: Michael Lawler, 902 Handel Rd Mazomanie WI 53560