GLT Registration Form	1
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HQ Staff Only:	
Trans #	

Registration \$10 Per Person (\$11 if you use credit card)

Name							_
Post #	OR	Auxiliary #					
Current Title							_
Paying when	you get there? _	Zelle	Ch	eck #		Cash	
Credit Card #	t			E>	κρ Date _		
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<u>Email</u> to: admir	n@georgiavfw.org	Fax to: 478-474-	6853	Mail to: PO	Box 3025	, Macon, GA 31205	
	Dates and Locatio	ns. Please circle	<mark>one so</mark>	we can g	et a head	d count for lunch	
	June 29, Post 5	408 - Acworth		July	y 13, Pos	t 2785 - Albany	
	July 20, Post 660	- Savannah		Aug	ust 10, P	ost 658 - Macon	
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<u>Email</u> to: adm	in@georgiavfw.org	<u>Fax</u> to: 478-4	174-68	53 <u>Mail</u> t	to: PO Box	k 3025, Macon, GA	31205
	Dates and Location	ns. Please circle	one so	o we can g	<mark>get a hea</mark>	d count for lunch	
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