



I HAVE A LEGACY!

MY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

CHAPTER & INITIATION YEAR _____

LEGACY NAME _____

RELATIONSHIP TO DELTA GAMMA ALUMNA _____

AGE _____

GRADE IN HIGH SCHOOL F____ S____ J____ S____

HIGH SCHOOL & CITY _____

INTERESTS _____

Is legacy interested in any particular school? _____

Does legacy have any other Delta Gamma relatives?

OTHER _____

Please save this form and email to Webmaster