

**The Shire of Falcon's Keep**  
Newsletter Subscription Form

Date: \_\_\_\_\_

Subscription sent to: Name \_\_\_\_\_

SCA Name \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ I would like the Electronic Version of the Newsletter = \$5

\_\_\_\_\_ I would like the Paper Version of the Newsletter = \$10

\$\_\_\_\_\_ Total Payment Enclosed with form.

Upon the receipt of this form and your payment, your information will be forwarded to our  
Chronicler  
and you will be sent the next scheduled newsletter and all future publications for the  
present calendar year.

Please make checks payable to: SCA-the Shire of Falcon's Keep

Please mail this form and payment to our Exchequer:

Alyce Knutson

3230 Reber Dr.

Wisconsin Rapids, Wi. 54494