

**GIRLS STATE – 2018**  
**Delegate/Alternate Payment Form**

**Submit by April 15, 2018 to: ALA Department of Oregon, PO Box 1730, Wilsonville, OR 97070**

Please list information for all Delegates and Alternates

<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate   Registration fee: \$100 <input type="checkbox"/> Name _____ Address _____ City _____ Zip _____ Phone (_____) _____ E-Mail _____ School _____	<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate   Registration fee: \$100 <input type="checkbox"/> Name _____ Address _____ City _____ Zip _____ Phone (_____) _____ E-Mail _____ School _____
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**Please submit together in ONE PACKET** (use additional sheets as necessary):

- 1) This completed form (and additional forms as needed)**
- 2) Copies of your interview questionnaire for each delegate and alternate**
- 3) One or more checks totaling \$300.00 per Delegate and \$100 per Alternate**

Delegate Fee enclosed (\$300.00 per Delegate) \$ \_\_\_\_\_

Alternate Fee enclosed (\$100.00 per Alternate) \$ \_\_\_\_\_ (Must be sent in with this form)

Unit Name and # \_\_\_\_\_ Unit contact person \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  

Address
City
State & Zip Code

**This form and all documents will be returned to the Unit if fees are not included at the time of submission**