

**GIRLS STATE – 2019
Delegate Payment Form**

Submit by May 1, 2019 to: ALA Department of Oregon, PO Box 1730, Wilsonville, OR 97070

Please list information for **all Delegates**

If you are requesting any monies for your delegates through the Oregon American Legion Foundation, you must submit a request for these monies using the Oregon American Legion Foundation application form.

<input type="checkbox"/> Delegate Name _____ Address _____ City _____ Zip _____ Phone (_____) _____ E-Mail _____ School _____	<input type="checkbox"/> Delegate Name _____ Address _____ City _____ Zip _____ Phone (_____) _____ E-Mail _____ School _____
<input type="checkbox"/> Delegate Name _____ Address _____ City _____ Zip _____ Phone (_____) _____ E-Mail _____ School _____	<input type="checkbox"/> Delegate Name _____ Address _____ City _____ Zip _____ Phone (_____) _____ E-Mail _____ School _____
<input type="checkbox"/> Delegate Name _____ Address _____ City _____ Zip _____ Phone (_____) _____ E-Mail _____ School _____	<input type="checkbox"/> Delegate Name _____ Address _____ City _____ Zip _____ Phone (_____) _____ E-Mail _____ School _____

Submit together in ONE PACKET:

- **This completed form**
- **One or more checks totaling \$300.00 per Delegate (if delegate paid registration fee to unit, Please include copy of the delegates check)**

Number of Delegates _____

Delegate Fee enclosed (\$200.00 per Delegate) \$ _____

Registration Fee enclosed (\$100.00 per Delegate) \$ _____ **Must be sent in with application**

Unit Name and # _____ Person completing form

Phone # _____ Email _____

Address _____

Address

City

State & Zip Code

If more space is needed, make copies, use back of form or attach another sheet of paper