AMERICAN LEGION AUXILIARY MICHIGAN Girls STATE

Serving Our Veterans 2018-2019 MICHIGAN From Sea To Shining Sea

212 N. Verlinden Avenue, Suite B, Lansing, MI 48915
www.michalaux.org Phone (517) 267-8809 (Ext. 19)

RESERVATION FORM

The **Seventy-ninth** session of Michigan American Legion Auxiliary Girls State will be held on the campus of Michigan State University, East Lansing, Michigan.

June 16 through June 22, 2019

Mail this entire reservation form and check to the Department ALA office at the address above.
Receipt of this reservation form and the $375 sponsorship fee guarantees your reservation(s).

For each paid reservation you will receive: One Delegate Letter and a Delegate Checklist
One Alternate Letter and an Alternate Registration Form

Please make sure you get the letter and checklist to your delegate(s) as soon as you make your selection(s)! Your delegate(s) need that information in order to register with CampDoc (registration will cost them $25). Once they register they are guaranteed to receive a t-shirt, back-pack and their city taxes will be paid.

Try to recruit an alternate for each delegate, and make sure they receive their alternate letter and registration form. It will be the sponsor's responsibility to make sure the alternate's application and completed registration form are mailed or emailed to Beryl Robbins at 14683 Shenandoah Dr., Riverview, MI 48193, or berylrobbins@comcast.net. Receipt of those forms tells us the alternate is interested in attending and available to attend the entire week. All available alternates were called to attend ALA Girls State in previous years.

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Number of Girls Sponsored: _______ x $375 per girl $_________

Make check payable to: **ALA, Department of Michigan** (Memo line: Girls State)
Enclosed is check no. ________ for the total amount of $ ________

DO NOT INCLUDE SPENDING MONEY FOR YOUR DELEGATE, OR THEIR $25 REGISTRATION FEE WTIH THIS RESERVATION FORM! IF YOU CHOOSE TO REIMBURSE THEM MAKE THOSE ARRANGEMENTS DIRECTLY WITH YOUR DELEGATE(S).

Please provide COMPLETE information below for the sponsor contact who needs to receive the delegate/alternate information, and will be responsible for communicating with those students.

Sponsoring Organization ____

City ____

Contact Person ____

Address ____

City, State, Zip ____

Phone (   ) _______________ E-Mail ______________________________