American Legion Auxiliary
Department of Michigan
212 N. Verlinden Avenue, Suite B,
Lansing, MI 48915
www.michalaux.org
Phone (517) 267-8809

2021 RESERVATION FORM

The 80th session of Michigan's American Legion Auxiliary Girls State
will be a **virtual session** during the week of **June 13 through June 19, 2021.**
Schedule and other information will be available at a later date at www.michalaux.org.

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

For each paid reservation you will receive: One Delegate Letter
One Alternate Letter with an Alternate Registration Form

Please make sure you get the letter to your delegate(s) as soon as you make your selection(s)! Your delegate(s) need that information in order to register online with CampDoc (registration will cost them $30). After completion of the program will be mailed a t-shirt, an 80-year anniversary pin, and their certificate.

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 1112 5th Street, Wyandotte, MI 48192, or alamigirlsstate@gmail.com. **Receipt of those forms tells us the alternate is interested in attending and available to attend the entire session.**

* *

Number of Girls Sponsored: _______ x $125 per girl = $_________

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

DO NOT INCLUDE THE DELEGATE'S $30 REGISTRATION FEE WTIH THIS RESERVATION FORM!
IF YOU CHOOSE TO REIMBURSE YOUR DELEGATE(S) MAKE THOSE ARRANGEMENTS DIRECTLY WITH THEM.

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 (include Post/Unit # and District if applicable)_________________________________

Contact Person ____

Address ____

City, State, Zip ____

Phone (   ) _______________ E-Mail _____________________________________