



AMERICAN LEGION AUXILIARY  
Montana ALA Girls State  
June 14 - 20, 2020

PLEASE PRINT CLEARLY

APPLICANT'S NAME: \_\_\_\_\_  
First Last

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Month / Year

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

ARE YOU A U.S. CITIZEN: Yes / No If not, are you in this country legally: Yes / No

Delegate Signature: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

American Legion Auxiliary Unit # \_\_\_\_\_ Unit President/Chairman \_\_\_\_\_

Unit's Authorized Signature: \_\_\_\_\_

Delegate Fee Paid by: \_\_\_\_\_

Medical Issues/Allergies: \_\_\_\_\_

Do you have special food/dietary requirements? \_\_\_\_\_

**\*\*\*\* SEND ENDORSED APPLICATION forms to Registrar \*\*\*\***  
**Colleen Chlapowski, 845 Delphinium Dr, Billings MT 59102**



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To: Delegate, Parent(s)/Guardian(s)

As a delegate, I pledge that:

- I will be available to attend the full session of American Legion Auxiliary Girls State unless approved by the Director.
- I will not ask to leave American Legion Auxiliary Girls State before the end of the session, unless illness or death in my immediate family requires it.
- My religion will permit me to Pledge Allegiance to the Flag of the United States of America.
- I will obey all rules of American Legion Auxiliary Girls State.
- I understand that any illicit use of drugs or alcohol while at American Legion Auxiliary Girls State will result in my dismissal and my parents/guardian will be called immediately to come and pick me up.
- I will take a serious and conscientious interest in discharging my duties as a citizen of American Legion Auxiliary Girls State.
- If elected to office, I will serve that office to the best of my ability.
- I will be fair and honest in all my dealings with my fellow citizens of American Legion Auxiliary Girls State and I will respect the judgment of the ALA Girls State counselors and staff members.
- I will not ask for special favors in which all the girls cannot participate (Medical or diet needs excluded)
- Upon returning home, I will make a formal report to my sponsoring American Legion Auxiliary Unit or other group if asked.

Delegate signature \_\_\_\_\_

I/We understand that if our daughter is unable to attend the full session and to fully discharge her duties as an ALA Girls State Delegate for any reason except a documented medical matter that I/we will be responsible for reimbursing the sponsor or American Legion Auxiliary Unit for her registration fee of \$325.

Delegate Name: (Print Clearly) \_\_\_\_\_ Date: \_\_\_\_\_

Delegate Signature: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Media Consent Form**

I, \_\_\_\_\_, hereby give permission to the American Legion Auxiliary to use my name, state and picture(s), individual and/or in groups, for news releases on radio, newspapers, television and/or the ALA Girls State section of the American Legion Auxiliary National Headquarters web site during the week of ALA Girls State and following ALA Girls State.

\_\_\_\_\_  
Signature of ALA Girls State participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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**\*\*\*\* SEND THIS FORM AND PROOF OF INSURANCE IN WITH APPLICATION \*\*\*\***

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**Consent to Medical Treatment and Hospital Services**

This will certify that I (we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_ do, in the event that my(our) daughter becomes a participating member of the American Legion Auxiliary Girls State, to be held in Helena, Montana, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, X-ray examination, or other hospital services.

Permission is also granted for minor treatment, including the use of emergency First Aid medications by the ALA Girls State staff or nurse.

**American Legion Auxiliary Girls State Delegate Information:**

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Month / Year

**Please Attach a Copy of Front and Back of Insurance Card**

Parent/Guardian's phone, home: (\_\_\_\_\_) \_\_\_\_\_

work: (\_\_\_\_\_) \_\_\_\_\_ cell: (\_\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian's phone, home: (\_\_\_\_\_) \_\_\_\_\_

work: (\_\_\_\_\_) \_\_\_\_\_ cell: (\_\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

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