

Delegate Pre-Registration

2024 American Legion Auxiliary South Dakota Girls State
June 3 - 8, 2024

Delegate: You will receive an email from tiffany.french@k12.sd.us instructing you how to complete your online registration process on **April 1, 2024**. Please consistently check your school and personal email and monitor it on a regular basis because unless you complete the online registration you will not be able to attend. This email will also be used for all communication prior to the session.

Parent/Guardian: You will receive an email from tiffany.french@k12.sd.us and it will include a link and information on **April 1, 2024** with information on how to complete the health waiver form. Please monitor your email on a regular basis because unless you complete this process, your delegate will not be able to attend. If you do not have an email address, please contact the ALA SD Girls State Director and other arrangements will be made.

Please check one of the following boxes:

ALA Girls State Delegate Applicant

Journalism City Delegate Applicant

PLEASE PRINT CLEARLY

Delegate Information

Name _____
Last First MI

Delegates' School Email: _____

Delegates' Personal Email: _____

High School Currently Enrolled: _____

T-Shirt Size: _____

Parent's or Guardian's Information

Name(s): _____

Parent(s) or Guardian(s) Email: _____

By signing below, you are giving permission to have the above listed delegate attend the 2024 ALA SD Girls State session. Once this document is received it is intended that the delegate attends the session in full beginning June 3-8, 2024, on the campus of the University of South Dakota. Failure to attend the session for the full time will result in a forfeit of scholarship opportunities, serving on state elected positions, and/or loss of award opportunities. Failure to attend will also result in refunding the full registration fee (\$175) to the sponsoring party in full. The expectation once this form has been received is that the above names individual will attend the event for the entire time frame.

Parent(s) or Guardian(s) Signature: _____ Date: _____

ALA Units ONLY – Please complete:

Fill out and return this form by _____ to your local American Legion or Auxiliary:

Name: _____

Email: _____

Phone Number: _____

Approved by Unit/Post No.

_____ of _____ South Dakota

Fees Paid By: _____

COMPLETED FORM & PAYMENT ARE DUE TO ALA SD GIRLS STATE DIRECTOR by **MARCH 1, 2024**

MAKE CHECKS PAYABLE TO: ALA SD GIRLS STATE - Registration Fee Per Delegate: \$175