Reservation Form

Deadline May 30, 2025



UNIT NAME	UNIT #	DISTRICT #	
UNIT GIRLS STATE CHAIRMAN UNIT ADDRESS			
PHONE NUMBER CITY, STATE, ZIP CODE			
E-MAIL ADDRESS (if applicable)			
Student and High School Name			
1.			
2			
3			
4			
5			
6			
7			
Reserva You may send as many student	ation is for s as you want, t	-	ool size.
# RESERVATION	IS AT \$320.00 p	er student = \$	
\$210.00 per student REGIST	RATION FEE PAI	D BY UNIT STUDEN	Т

UNIT NAME	UNIT #	_ DISTRICT #		
PLEASE SEND BOTH FORMS AND PAYMENT TO THE DEPARTMENT TREASURER				
@ P. O. BOX 5867, LACEY, WA 98509-5867				
To Pay by Check/Cashier Check				
Please make reservation che	cks payable to A	LA, Dept of WA / EGS		
To Pay with Card				
Name on Card:				
Card Number:				
Expiration Date:				
Security Code:				
Billing Zip Code:				
Total Amount to be Charged:				
*If you are paying by card, y	ou can scan and	l email both forms to		
treasurer@walegion-aux.org				
RESERVATION DEADLINE IS May 3 *\$10.00 fee will be added to any		•		
FOR OFFICE USE ONLY:				

Date received _____ CHECK #_____

__ Refund requested on ___/___/ Returned to Unit on ____/___/