STUDENT NAME______

CITY, STATE, ZIP CODE

PHONE NUMBER

What are you paying? ____ \$200.00 Registration fee ____ \$520.00 Girls State Fee SEND THIS FORM AND PAYMENT TO DEPARTMENT TREASURER

@ P. O. BOX 5867, LACEY, WA 98509-5867

To Pay by Check/Cashier Check

Please make reservation checks payable to ALA, 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, you can scan and email both forms to treasurer@walegion-aux.org RESERVATION DEADLINE IS May 17, 2024, REFUND DEADLINE IS May 31, 2024 *\$10.00 fee will be added to any reservations received after May 17 th , 2024
FOR OFFICE USE ONLY: Date received CHECK #
Refund requested on// Returned to Unit on//