**American Legion Auxiliary Laurel Girls State**

**2024 Auxiliary Unit Form**

# Unit Contact Information (Please Print)

|  |  |  |
| --- | --- | --- |
| Unit Name: | District #: | Unit #: |
| Unit President Name: | Phone Number: |  |

# Name of Citizens/Alternates Sponsored for 2024

*Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃞ Delegate ⃞ Alternate*

*Applicant High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃞ Jr ALA Member*

*Applicant Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Applicant High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃞ Jr ALA Member*

*Applicant Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Send Unit Form with sponsorship fee of $400 per delegate to:**

ALA LGS Attn. Karen Thompson

P. O. Box 266,

 Rocky Hill, CT

06067.

**Please Note:**

* If more than five citizens or alternates are being submitted, please include multiple copies of page 1 to include your submission.

**Next Steps:**

* Please ensure that all applicants you are sponsoring are notified that you have selected them to serve as a citizen or alternates.
* Please ensure that delegates and alternates selected complete the required online portion of the application on alalgs.org. Delegates will also be required to upload medical information to the online portion of the application.
* Please ensure that all applicants know they must attend the duration of the session (June 22- June 27, 2024) at The University of New Haven.
* Delegates will be contacted with more information following the completion of the online application and the unit sponsorship form.