



# THE AMERICAN LEGION Auxiliary

## Girls State Application

### Name

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name Tag Name (First & Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Number for week at Girls State: \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Recommended by: School \_\_\_\_\_ Military Recruiter \_\_\_\_\_ Am Legion Post # \_\_\_\_\_

Other (specify): \_\_\_\_\_

Related to Legion Member: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Who & What Post: \_\_\_\_\_

### Dietary Restrictions:

Food allergies: \_\_\_\_\_

Religious Restrictions: \_\_\_\_\_

Vegetarian/Vegan: \_\_\_\_\_

Other: \_\_\_\_\_

**Mail completed application to:** American Legion Auxiliary  
Richard C DuPont Unit 0018  
PO Box 63  
Claymont, DE 19703