

2022 AMERICAN LEGION AUXILIARY CORNHUSKER GIRLS STATE

DELEGATE/ALTERNATE APPLICATION FORM – Deadline March 1, 2022

DELEGATE	ALTERNATE
	

Name	77				
		Middle Name	Last Na		
Preferred First Name _	Nickname	DOB	Nebraska Legislati	ive District #	
Mailing Address				Toolagia Digates in or regions.	
radicss		Street, Post Office Box or Rural Rou	ite		
	City		State	Zip Code	
Phone ()		Parent Phone ()		
Email Address					
(Paguired)	This must be a current/usable ad-	dress. NO SCHOOL ADDRESSES.	Much correspondence will	happen via email.	
Parent/Guardian Name	(s)		•	••	
Parent/Guardian Name(s) Name of person(s) you reside with					
Should I be selected a have received, read, a	as a citizen of the 20 nd will adhere to the	22 Cornhusker Girls State Cornhusker Girls State re program June 5-11, 2	tate program, I v Pledge (received	·	
Should I be selected a have received, read, a I am available for par	as a citizen of the 20 nd will adhere to the	22 Cornhusker Girls St Cornhusker Girls State	tate program, I v Pledge (received	v c	
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Should I be selected a have received, read, at I am available for particular Applicant's Signature	SECTION 2: (To be completed by Name of High School	22 Cornhusker Girls State Cornhusker Girls State re program June 5-11, 2	TICATION to submission)	Location	

SECTION 3: PARENTAL WAIVER

(To be completed by Applicant Parent or Guardian)

I do hereby give consent for the above named applicant to participate in any activities which are scheduled parts of the Cornhusker Girls State program to be held June 5-11, 2022. I also release and discharge the American Legion Auxiliary, Department of Nebraska, Inc., its officers, agents, instructors, and employees from any and all claims, demands, damages, suits, actions, or causes of action which we may, can or shall have by any reason of any illness, injury, or accident incurred or suffered by the above named applicant while in attendance at, or during participation in the Cornhusker Girls State program.

of any illness, in		curred or s	uffered by the abov	e named applicant	•	dance at, or
Signature of Parent or Guard	dian			Date		
and/or name, increleases should	dividual and/or grashe be selected as	oups in Co a 2022 de	uxiliary Department rnhusker Girls Stat elegate. Additional who may want to se	e media presentati ly, I give permissi	ions, web site ion for the ab	, and press ove named
Signature of Parent or Guard	dian			Date		
May 1, 2022 and	* *	ole to attend	Girls State or cancels, I agree to reimburs fee.			_
Signature of Parent or Guard	iian			Date		
			AMERICAN Linpplication review,			
Unit Number	Unit City				Unit Dis	strict
Unit Contact Per	son					
	Mailing address	SS		City	State	Zip
Cell Phone	Home or Work Pho	one	Email address – Please li	st if you have one.		
Mail completed a (\$400 application fe) Checks payable t	e)	PO Box 5 Lincoln,	rnhusker Girls Sta	te	INE – MARO	СН 1, 2022