



The American Legion Auxiliary

Department of Delaware

Girls State Application

Name

Last: _____ First: _____ Middle: _____

Name Tag Name (First & Last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth _____

Note: Parent Phone and Email must be different than students.

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

Save form as your (firstnamelastname.pdf) before emailing back