

**OREGON GIRLS STATE – 2024  
Delegate Payment Form**

**Submit by May 15, 2024 to:** ALA Department of Oregon, PO Box 1730, Wilsonville, OR 97070

Please list information for **all Delegates and Alternate**

<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate Name _____ Address _____ City _____ Zip _____ Phone (    ) _____ E-Mail _____ School _____	<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate Name _____ Address _____ City _____ Zip _____ Phone (    ) _____ E-Mail _____ School _____
<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate Name _____ Address _____ City _____ Zip _____ Phone (    ) _____ E-Mail _____ School _____	<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate Name _____ Address _____ City _____ Zip _____ Phone (    ) _____ E-Mail _____ School _____
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**Submit together in ONE PACKET:**

- **This completed form**
- **One or more checks totaling \$400.00 per Delegate (Do not pay for Alternates)**

Number of Delegates \_\_\_\_\_

Delegate Fee enclosed \$ \_\_\_\_\_

Unit Name and # \_\_\_\_\_

Person completing form \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Address
City
State & Zip Code

If more space is needed, make copies, use back of form or attach another sheet of paper