

**OREGON GIRLS STATE – 2025
Delegate Payment Form**

Submit by May 15, 2025, 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