

OREGON GIRLS STATE – 2026
Delegate Payment Form

Submit by May 15, 2026, 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