



American Legion Auxiliary • Department of North Dakota
Flickertail Girls State, Inc.
2012 Registration Form

Name of Applicant: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Birthdate: _____

Name on Nametag: _____ Email Address: _____

Name of High School: _____ Location: _____

T-Shirt Size: ☐ Small ☐ Medium ☐ Large ☐ XLarge ☐ 2XLarge ☐ 3X Large

☐ Yes ☐ No Are you a US Citizen?

☐ Yes ☐ No Are you a member of the American Legion Auxiliary?

☐ Yes ☐ No Are you a sister, daughter, granddaughter or great granddaughter of an active duty service member of veteran who served honorably during a time of War? Step-relatives also are applicable. If yes, you may be eligible for the American Legion Auxiliary. Visit http://www.alaforveterans.org/join_now/eligibility or contact a local American Legion Auxiliary unit for more information.

☐ Yes ☐ No Samsung Scholarship Eligibility: Are you a direct descendant (child, grandchild, great grandchild, or legally adopted child) of a US wartime veteran? If yes, you *may* be eligible for the Samsung scholarship. Visit http://www.alaforveterans.org/what_we_do/scholarships for more information.

Waiver – must be signed by Parent/Guardian and two witnesses

The undersigned parents/guardian of the above hereby consents to her participation in Flickertail Girls State at Grand Forks, ND June 10-15, 2012 and does hereby release and discharge the University of North Dakota, American Legion Auxiliary, Department of ND and Flickertail Girls State, Inc., its officers, agents, instructors, and employees from any and all claim for any cause which may arise during the session, or in connection with travel to and from said Flickertail Girls State. The undersigned parents/guardian and the Flickertail Girls State participant expressly grant permission to the American Legion Auxiliary, Department of ND and Flickertail Girls State Inc. to use the image of likeness of the above participant in connection with advertising or marketing this program.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

Department Approval Information:

(If no Department in your area, contact Myrna Ronholm or Dana Thoreson – see information below)

Unit #: _____ City: _____

Unit Girls State Chairman: _____

Chairman's Address _____ Phone Number: _____

Chairman's Signature: _____ Date: _____

This application must be completed and accompanied by the enrollment fee of \$200 and mailed to:

American Legion Auxiliary

Attn: Myrna Ronholm

PO Box 1060

Jamestown, ND 58402-1060

Registration is due by April 30, 2012. Make check payable to **Flickertail Girls State, Inc.**

Questions? Call Myrna at (701) 253-5992

OR Dana at (701) 662-2106 OR email: girlsstatend@gondtc.com

Check out the web site at:

www.ndgirlsstate.org