

American Legion Auxiliary Unit Sponsorship Form

TO BE COMPLETED BY SPONSORING AMERICAN LEGION AUXILIARY UNIT & returned to the applicant for submitting to the Director:

Applicant's	Name			
Sponsoring	Unit's Name and Number			
Girls State	Chairman's Name			
Unit Addres	ss			
	Street or PO Box No.	City	State	ZIP
Telephone	Number			
Email Addr	ess			
	tend the 2025 session is done ss for acknowledgement:	ated from a local P	atron, provide	name
CAN O				
V.	Signature of U	nit President OR U	Init Girls State	Chairman

OR High School Counselor OR Principal if no local Unit is available