

JUNIOR CONFERENCE REGISTRATION

Please Note: Registration must be sent to ensure seating for Juniors! Please list names of ALL Juniors registering as well as ALL Seniors. Senior members MUST pre-register.

PLEASE postmark by March 23rd to:
American Legion Auxiliary Department of Illinois
PO Box 1426, Bloomington, IL 61702

Please type or print all information.

Date: _____

Unit Name and number _____ District Number _____

Unit Junior Advisor's Name _____

Address: _____

Junior Advisor's Phone Number _____ Email: _____

(Junior Advisor: I need your information so I can contact you with your Junior's responsibilities and times to appear.)

Registration: Junior members are **FREE**

Number of Senior members _____ x \$10 each Senior member \$ _____ Total

JUNIOR MEMBERS attending Conference, including the age for each Junior member. Please use a * to indicate any Junior interested in helping during Conference. Please use ** if Junior would be able to volunteer for a speaking part.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SENIOR MEMBERS attending Conference

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Questions??

Contact: Angie Golightly, Department Junior Activities Chairman

309-945-2551 leave a message or text or email at [ago_lightly@hotmail](mailto:ago_lightly@hotmail.com)

