## Junior Conference Registration

Please Note: Registration must be sent to ensure seating for Juniors! Please list names of ALL Participants registering as well as ALL Adults. Pre-registration for Adult members in highly encouraged.

## **PLEASE MAIL BY March 1 TO:**

American Legion Auxiliary Department of Illinois PO Box 1426, Bloomington, IL 61702

Please type or pr	rint all information.		
Date:			
Unit/Squadron N	ame & Number		District Number
Advisor's Name _			
Address:			
Advisor Phone Number		Email:	
(Advisor: I need	your contact information so I	can contact you with your Juniors' resp	oonsibilities and times/places to appea
Registration:	Junior and Young Sons meml	bers are <b>FREE</b>	
	Senior (Adult) members	x \$10 each Senior (Adult) member	r \$ Total
SENIOR (Adult)	MEMBER(S) attending Confere	ence	

Questions?