

**American Legion Auxiliary, Department of Washington
2016 Mid Winter Conference Registration and Meal form
February 5th – 7th, 2016 held at the
Red Lion Hotel at the Park in Spokane, Washington**

Name (Print Clearly): _____

Preferred Name on Badge: _____

Phone #: _____ District #: _____ Unit #: _____

EACH ATTENDEE MUST SEND IN A SEPARATE REGISTRATION FORM

If a Legionnaire or guest is joining you for any of the meals, multiply the meal price in accordance.
Tickets will be in your packet when you register.

Registration Fee _____ @ \$10.00 \$ _____
Executive Committee is exempt from registration fee

Saturday, February 6th **Legion Family Breakfast** _____ @ \$15.00 \$ _____

Saturday, February 6th **Girls State Luncheon** _____ @ \$20.00 \$ _____

Saturday, February 6th **Youth Champion Banquet**
_____ Chicken @ \$40.00 _____ Beef @ \$40.00 \$ _____

TOTAL: \$ _____

Make checks payable to: **American Legion Auxiliary**
Mail to: **ALA, Department of Washington**
 PO Box 5867
 Lacey, WA 98509-5867

Must be received by January 22nd, 2016

No refunds after January 27th, 2016

Administration Use Only

Date received: _____ Check No: _____ Amount: \$ _____