

**American Legion Auxiliary
Florida Girls State 2020
TRANSPORTATION FORM**

This form must be signed, notarized, and mailed to Department of Florida.

Delegate Name (PLEASE PRINT LEGIBLY): _____

Sponsoring Unit _____ District Number _____

TRANSPORTATION INFORMATION – PLEASE READ:

- Delegates are required to use the transportation provided by the sponsoring Unit if available. The sponsoring Unit will provide the necessary information.
- If the sponsoring Unit provides transportation and delegate does not plan to use it, the alternate travel arrangements must be provided to Department Headquarters in writing 48 hours prior to departure to Tallahassee.
- If the sponsoring Unit does not provide transportation, the delegate will need to make arrangements to be brought to Girls State. Delegates cannot drive themselves.
- **Note:** Delegates are not allowed to drive themselves to or from Girls State. Delegates must ride a District bus or van or be checked in or out by the delegate's parent or legal guardian. There will be **no exception** to this rule.
- Delegate must arrive in Tallahassee by 3:00 PM on June 10, 2020.
- Delegates leave Tallahassee beginning at 7:00 AM on June 18, 2020.

How will Delegate travel TO Tallahassee? (Check One)

Auxiliary Bus/Van _____ Which Auxiliary District and City? _____
Private Vehicle _____ Who is driving the private vehicle? _____

How will Delegate travel home FROM Tallahassee after Girls State? (Check One)

Auxiliary Bus/Van _____ Which Auxiliary District and City? _____
Private Vehicle _____
- Private Vehicle Information: Type of Vehicle _____
- Name of person picking up Delegate _____
- Relationship _____
- **Valid ID is required at time of pickup!**

I acknowledge that any alternative transportation expenses shall be the responsibility of the parent(s) and not the sponsoring American Legion Auxiliary Unit.

- By checking this box, I **am aware** that my daughter will not be excused from the program prior to 7:00 a.m. on June 18, 2020. There **are no exceptions** to this policy.

Parent(s) Signature: _____

Date: _____