

American Legion Auxiliary Florida Girls State Delegate Transportation Form

TRANSPORTATION TO TALLAHASSEE:

- 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.

DEPARTURE FROM TALLAHASSEE:

- Please provide the delegate's **departure** mode of transportation from Tallahassee.
- Form must be completed, signed, and submitted via online registration.

Note: Delegates are not allowed to drive 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.

Arrival Time / Date: Delegate must arrive by 3:00 p.m. on June 5, 2019

PLEASE PRINT LEGIBLY

Delegate Name: _____ Sponsoring Unit: _____ District #: _____

Departure Time / Date: Begins at 7:00 a.m. on June 13, 2019

DEPARTURE: My daughter will travel from Girls State in Tallahassee via (Check one only)

<input type="checkbox"/> District Bus/Van Provided by Sponsoring Unit	<input type="checkbox"/> *Alternate Transportation (Fill in information below)
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*Alternate Transportation Information – Provide type of vehicle and name of person picking up delegate. **Valid ID required** at time of pickup!

Type of Vehicle: _____ Name of person picking up delegate: _____

It is acknowledged that any alternative transportation expenses shall be the responsibility of the parents 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 13, 2019. There **are no exceptions** to this policy.

Parent(s) Signature: _____ Date: _____