

**PARENTAL AGREEMENT TO ACCEPT
FINANCIAL RESPONSIBILITY**

I, the undersigned, give permission for my daughter, _____, to attend the June 25 to July 1, 2023 session of ALA Granite Girls State which will be paid through the sponsorship of a local American Legion Auxiliary Unit at no cost to me except the \$50.00 application fee.

I agree that if my daughter is unable to or should decide not to attend and we do not provide notice to the American Legion Auxiliary, Department Headquarters Office (contact information below) on or before June 12, 2023, I shall be financially responsible to pay the full amount of my daughter's sponsorship. I agree that the amount I shall be responsible for paying as reimbursement to the sponsoring Unit is \$400.00.

I understand that reimbursement shall be made, in full, by July 30, 2023. The reimbursement shall be mailed to:

American Legion Auxiliary
Department of New Hampshire
21 S. Fruit St. Suite 266
Concord NH 03301
603-856-8942
e-mail: nhalasec@legionnh.org

Dated:

Parent Signature

Billing Address

Witness

SIGNED FORM MUST BE RETURNED TO THE ABOVE ADDRESS

NO LATER THAN JUNE 7, 2023

BE SURE TO MAKE A COPY OF THIS FOR YOUR RECORDS,

AFTER IT IS FILLED OUT.