

AMERICAN LEGION AUXILIARY – DEPARTMENT OF ALASKA
15th Annual Fall Conference – Joseph T. Craig Post/Unit/Squadron 3 (Ketchikan)
October 15 – October 17, 2021
REGISTRATION FORM – There is NO REGISTRATION FEE

Post/Unit/Squadron Name and Number _____
 Contact Person _____
 Phone Number _____
 Email Address _____

| <u>NAME</u> | | <u>MEMBER TYPE</u> | | <u>CURRENT OFFICE</u> | | <u>MEALS</u> |
|--------------------|--|--|--|------------------------------|--|--|
| | | SAL TAL ALR Sr. Aux, Jr. Aux | | | | Breakfast (Sat/Sun) – donation Lunch on your own Dinner (Saturday) \$25 Purchasing Dinner? <i>Payment is requested in advance.</i> Please make check payable to: <i>Joseph T Craig Post 3</i> |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Number of Dinners purchased _____

Dollar amount enclosed _____

Do any of your members have special dietary needs for the Saturday night dinner? If so indicate below. We will be working to accommodate these needs.

Name _____ Dietary needs _____
 Name _____ Dietary needs _____
 Name _____ Dietary needs _____

Registration is due by **August 15th -- Please do not be late as we need to know how many to expect!**
 We welcome all Legion Family Members

Please send Registration Form to:

American Legion Auxiliary, Department of Alaska
 P.O. Box 520826, Big Lake, AK 99652
 Email: aladofak@gmail.com

Phone: (907) 227-8169
 Fax (907) 564-7428 make sure name
 is on the fax cover sheet (Barb Nath)