



REGISTRATION – SUNFLOWER GIRLS STATE 2017

June 4-June 9, 2017

Visit our website at www.ksgirlsstate.org

Please type or print clearly

Name _____
 Last Name First Middle
 Mailing Address _____
 Street City State Zip Code
 Age ____ Year in High School ____ Phone (____) ____ Email Address _____

Parent or Guardian _____ Phone (____) _____

Emergency Contact (if not parent or guardian listed above) _____ Phone (____) _____

Would you give Sunflower Girls State permission to use any photographs of you on their social media pages? Yes ____ No ____

ATTENTION: PRINT YOUR 2017 INFORMATION PACKET AT KSGIRLSSTATE.ORG.

\$300 Fee Contributed by _____

Sponsored by _____
 Unit No. Location District
 Unit Contact Person _____

Address _____
 Street City State Zip Code
 Home Phone (____) Business Phone (____) Email Address _____

DO YOU HAVE A FAMILY MEMBER CURRENTLY SERVING IN THE ARMED FORCES? NO ____ YES ____
 RELATIONSHIP? _____

DO ANY OF THE FOLLOWING APPLY TO YOU? If "yes", please explain:

PHYSICAL HANDICAP NO ____ YES ____
 MEDICAL CONDITION NO ____ YES ____
 MENTAL CONDITION NO ____ YES ____
 EMOTIONAL CONDITION NO ____ YES ____
 ALLERGIES OR DIETARY LIMITATIONS NO ____ YES ____

SCHOOL ATTENDED _____

Signature of School Supt., Principal or Counselor: _____

I, _____ understand that my daughter is to complete the entire session of Sunflower Girls State.
 (Signature of Parent or Guardian)

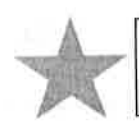
Please attach current Picture here.

Signature of Applicant: _____



REGISTRATION FORM MUST BE RETURNED BY MAY 15th TO

Anne Werner
 PO Box 223
 Axtell, KS 66403



Upon completion and submission of this form to the Secretary of Sunflower Girls State, you're **registered** and **accepted** to attend this year's session.



PRINT YOUR 2017 INFORMATION PACKET AT KSGIRLSSTATE.ORG

Questions? Please contact
 Anner Werner, Secretary
secretaryksgirlsstate@gmail.com
 (785)548-5133