

# THE AMERICAN LEGION BOYS STATE APPLICATION FORM

YEAR \_\_\_\_\_

(please copy as necessary)

DISTRICT: \_\_\_\_\_

Attendance fee - \$150.00

(Fee must accompany application)

Mail to:

The American Legion, Department of Arkansas

P.O. Box 3280, Little Rock, Arkansas 72203

Attn: Department Adjutant

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(Print) LAST NAME FIRST MIDDLE

Parent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

STREET CITY STATE ZIP

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) Mobile Telephone \_\_\_\_\_

School \_\_\_\_\_ Sponsored by \_\_\_\_\_

American Legion Post Name and Number \_\_\_\_\_

Give a brief summary of honors earned in your school, church, and community

SCHOOL: \_\_\_\_\_

CHURCH: \_\_\_\_\_

COMMUNITY: \_\_\_\_\_

I have had the purposes of The American Legion Boys State explained to me and as explained to me I feel that I can take part in all phases of The American Legion Boys State program. Delegates will not be permitted to leave campus except for bona fide emergencies and only with the Director's permission.

Signed \_\_\_\_\_

BOYS STATE DELEGATE

PRINCIPAL OR COUNSELOR

As an authorized Legion Representative, I have examined the above named delegate or alternate and found that he measures up to the ideals of The American Legion.

Signed \_\_\_\_\_

AUTHORIZED LEGION REPRESENTATIVE

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RESERVED FOR OFFICE USE, DO NOT WRITE IN THIS BLOCK

Boys State City \_\_\_\_\_

Boys State County \_\_\_\_\_

Political Party \_\_\_\_\_

Dormitory \_\_\_\_\_

