

Date Rec'd: _____
Check #: _____ Amount: _____
Notes: _____

For office use

PHOTO
(OPTIONAL)
(NOT RETURNABLE)

**NORTH CAROLINA
STUDENT TROOPER
PROGRAM APPLICATION
AUGUST 6 - 11, 2017**

Application Deadline: May 15, 2017, or until full.

NAME _____ AGE _____ SEX _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____
Street

HOME PHONE () _____ DRIVERS LICENSE # _____

or
EMAIL _____ LEARNERS PERMIT # _____

PARENT (GUARDIAN) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____
Street

PHONE Home () _____ Work or Cell () _____

HIGH SCHOOL _____ **GRADE JUST COMPLETING:** _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE School () _____ DATE OF PLANNED GRADUATION _____

SPONSORING AMERICAN LEGION POST (Must Be Completed)

Please note: Sponsoring post assumes responsibility for student's attendance, including submitting a properly completed application and physical form, transportation to and from the training center and tuition fees. Contact post for further details.

POST NAME _____ POST # _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POST CONTACT PERSON: _____

Print Name

Signature of contact person

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE Home () _____ Work () _____

(PLEASE SEE REVERSE)

UNIFORM SIZE:	T-SHIRTS	SM	MED	LG	XL	XXL
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SHORTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY CONTACT:

PARENT(S) OR GUARDIAN(S) NAME: _____

MAILING ADDRESS _____

PHONE NO'S: _____ (WORK) _____ (HOME)

PERMISSION TO ATTEND *(Signatures Required)*

I, _____, acknowledge and accept my obligations and responsibilities as a student to the American Legion Student Trooper Program of North Carolina. I further agree to uphold the principles of this outstanding program and abide by all rules and regulations. I agree to participate with dedication, respect, and enthusiasm in all phases of training that is required.

Delegates Signature: _____ Date _____

PARENT OR GUARDIAN PERMISSION

We have discussed the objectives, rules, regulations, and expectations of this excellent program with the American Legion Post officials and our son/daughter _____. We are pleased that he/she is being offered this opportunity and he/she has our permission and our full support to attend The American Legion Student Trooper Program held at NC Highway Patrol Training Center in Raleigh, June 25-30, 2017. We understand that no exceptions will be made for special medical or physical requirements.

Parent or Guardian Signature _____ Date: _____