

DELEGATE'S APPLICATION

THE AMERICAN LEGION TAR HEEL BOYS' STATE PROGRAM OF NORTH CAROLINA

Please print legibly to insure information is sent to correct address and badges/certificates are printed correctly.

DELEGATE

Name _____ (_____) Birthdate _____
(Please Print) First Middle Last Name preferred to be called
Mailing Address _____ City _____ Zip _____
Telephone Number _____ E-mail Address _____
Recommended by _____ Shirt Size _____
Name of Organization if other than Legion Post (S, M, L, XL, XXL)

PARENT OR GUARDIAN

Name _____
Mailing Address _____ City _____ Zip _____
(Please Print)
Telephone Number (Home) _____ (Work) _____

HIGH SCHOOL

Name _____
Mailing Address _____ City _____ Zip _____
Telephone Number _____ Principal's Name _____

SPONSORING AMERICAN LEGION POST OR SAL SQUADRON (Must Be Completed By Legion Post or Squadron)

Post Name _____ Post/Squadron # _____ Phone Number _____
Post Interviewer's Name _____ Signature _____
Mailing Address _____ City _____ State _____ Zip _____
Telephone Number (Home) _____ (Work) _____
Local Newspaper _____
Mailing Address _____

DELEGATE'S PLEDGE:

I, _____, having been interviewed by The American Legion Post Boys' State program representative, acknowledge and accept my obligations and responsibilities as a delegate to The American Legion Tar Heel Boys' State program of North Carolina. I further agree to uphold the principles of this outstanding program and abide by all rules and regulations. I also agree to participate with dedication and enthusiasm in all phases of the program as I **Learn by Participating** in the principles of becoming an active citizen of my community and state.

Delegate's Signature _____ *Date* _____

PARENT OR GUARDIAN PERMISSION:

We have discussed the objectives, rules and regulations of this excellent program with school and Legion post officials and our son _____ We are pleased that he is being offered this opportunity and he has our permission and our full support to attend The American Legion Tar Heel Boys' State program held on the Catawba College Campus June 16-22, 2024. We understand Tar Heel Boys' State insurance provides only supplements which are not covered by the delegate's family insurance policy.

Signed _____ *Date* _____

NOTE —

- a) This application must be completed in its entirety and properly signed.
- b) The medical form must be completed and properly signed.
- c) The Enrollment Fee of \$500.00 must be forwarded by the Legion post's Boys' State Committee Chairman or the Post Commander to:

Deborah Rose, Registrar
The American Legion Tar Heel Boys' State Program
P. O. Box 26657
Raleigh, NC 27611
(Mailing Deadline May 1, 2024)

To: Commander, American Legion Post # _____. (Explain in 50 words or less)

1. The qualities of leadership I possess are:

2. What I hope to gain from this program is:

Signature

Please Note: Essay must be included with application for consideration.

NOTIFICATION OF NAME AND/OR PHOTO RELEASE

I understand by attending Boys State, my son's name and address will be released to appropriate higher educational institutions for the purpose of recruiting.

I also understand that group photos of Boys State activities will be taken and may appear on the web page, in news articles and other Boys State publications for Boys State publicity purposes.

Delegate's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____