



Send completed application with fees (\$310 per boy) to:
American Legion, Department of Michigan
Attn: Boys State Program
212 North Verlinden Avenue, Ste. A
Lansing, MI 48915
Telephone: 517-371-4720 ext. 11
E-mail: programs@michiganlegion.org
Boys State Website: michiganboysstate.org

APPLICATION DUE: May 30, 2011

Applications received after this date will result in the student/parent(s) receiving mandatory forms by fax or website.

MICHIGAN BOYS STATE PROGRAM DATES:

June 19 - 25, 2011

REQUIREMENTS: Must be a junior (11th grade) in high school or in the equivalent of an 11th grade accredited home-schooled program, must be 15+ years old by May 30, 2011, and have an interest in government.

SPONSOR(S): Anyone can sponsor a boy(s) to attend the program such as American Legion Posts, Sons of the Legion, American Legion Auxiliary, civic organizations, businesses, clubs, schools, families, and interested individuals.

REFUND POLICY: Any boy who, for unforeseen reasons, can not fulfill his obligations to attend the program before the application deadline date of May 30th will need his sponsor to submit a written request to the above mentioned address to receive a refund in full. Refunds in writing received from May 31 – June 17, 2011, will result in a deduction of \$45 (administration fee) per boy. Once the Boys State Program starts, there will be **no refunds** for boys who don't attend the program.

APPLICANTS: CRITICAL TO PRINT ALL INFORMATION LEGIBLY TO INSURE INFORMATION IS SENT TO YOUR HOME AND BADGES/CERTIFICATES ARE PRINTED CORRECTLY - ONLY BOYS STATE DELEGATES WILL RECEIVE INFORMATION IN THE MAIL AND ALTERNATES WILL ONLY BE CONTACTED IF THEIR DELEGATE WILL NOT BE ATTENDING THE PROGRAM.

Delegate's Name (First, Middle Initial and Last):	Date of Birth:	T-Shirt Size (Only Circle One): L XL XXXL XXXXXL
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Home Mailing Address:

City:	State:	Zip:	Name of Hometown Newspaper/City:
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Home Telephone Number:	Parent's Cell Phone Number:	High School (Provide Complete High School Name):
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Signature of Delegate:	Date:
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Signature of Parent/Guardian:	Date:
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Alternate's Name (First, Middle Initial and Last):	Date of Birth:	T-Shirt Size (Only Circle One): L XL XXXL XXXXXL
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Home Mailing Address:

City:	State:	Zip:	Name of Hometown Newspaper/City:
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Home Telephone Number:	Parent's Cell Phone Number:	High School (Provide Complete High School Name):
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Signature of Delegate:	Date:
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Signature of Parent/Guardian:	Date:
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SPONSOR & HIGH SCHOOL OFFICIALS - SEE REVERSE SIDE

TO BE COMPLETED BY SPONSOR

Name of Sponsoring Organization (If More Than One Sponsor, List Them By Primary Sponsor First):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Primary Sponsoring Organization's Address:

City:	State:	Zip:	Sponsoring Organization's Email Address:
Sponsoring Organization's Telephone Number:			Sponsoring Organization's Fax Number:

Contact Person's Name (First and Last) From Primary Sponsoring Organization:

Contact Person's Address (If Different From Primary Sponsoring Organization's Address):

City:	State:	Zip:	Contact Person's Telephone Number:
Contact Person's Email Address:			Contact Person's Fax Number:

**FEEL FREE TO COPY THIS APPLICATION, DOWNLOAD FROM THE MICHIGAN LEGION WEBSITE
(www.michiganlegion.org) OR CALL DEANNA FOR MORE COPIES AT 517-371-4720 EXT. 11**