



THE AMERICAN LEGION

Department of Delaware



Boys State Application

Last: _____ First: _____ Middle: _____

Name Tag (name of choice and last name): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Number for week at Boys State: _____

School Attending: _____ Current Grade: _____

Recommended by: School _____ Military Recruiter _____ Am Legion Post # _____

Other (specify): _____

Related to Legion Member: Yes _____ No _____ If Yes, Who & What Post: _____

Dietary Restrictions:

Food allergies: _____

Religious Restrictions: _____

Vegetarian/Vegan: _____

Other: _____

Polo/Golf Shirt size: (S,M,L,XL,XXL,XXXL)

Save form as your firstnamelastname.pdf before emailing back

Email completed Form to: boysstate@delegion.org OR Mail to: Charles Michel, Boys State Chairman

8 John Andrew's Drive, Harrington, DE 19952