

# MICHIGAN BOYS STATE



“A National Civics Leadership Program”

**June 17 - 23, 2018**

At Grand Valley State University-Allendale, MI

“A Week That Shapes A Lifetime”

**APPLICATION AND REGISTRATION FEE OF \$375 DUE BY: MAY 25th, 2018**

Applications received after **May 25<sup>th</sup>** may result in the delegate/parent(s) receiving mandatory forms by email or website.

**REQUIREMENTS:** Must be a junior (11<sup>th</sup> grade) in high school or in the equivalent of an 11<sup>th</sup> grade accredited home-schooled program, must be 15+ years old by June 4, 2018, 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, cannot fulfill his obligations to attend the program before the application deadline date of May 25th, 2018, will need his sponsor to submit a written request to The American Legion Department of Michigan Attn: Programs 212 N. Verlinden Ave. Ste A Lansing, MI 48915 to receive a full refund. Refunds in writing received from May 25 – June 17, 2018, 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:** Please PRINT all information legibly to insure information is sent to your home and badges/certificates are printed.

Delegate's Name (First, Middle Initial and Last):		Date of Birth:	T-Shirt Size (Circle One): <b>S M L XL 2X 3X</b>
Home Mailing Address:			
City:	State:	Zip:	Name of Hometown Newspaper:
Home Telephone Number:	Delegate Cell #:	Delegate Email:	
	Parent Cell #:	Parent Email:	
<input type="checkbox"/> I would like to donate blood through the Red Cross while attending Boys State. *See Note		<input type="checkbox"/> I would like to play in the Boys State Band I play the _____.	
Signature of Delegate:			Date:
Signature of Parent/Guardian:			Date:
High School Name:	Principal/Counselor/Teacher's Name:		School Phone Number:
School address:			
City:	State:	Zip:	Principal/Counselor/Teacher's Email:

*\*Note: Blood donors must be at least 17 years old (16 with parental consent – available at [www.redcrossblood.org/students/sixteen](http://www.redcrossblood.org/students/sixteen) ) on June 17, 2018, weigh a minimum 110 pounds, be in good health, and present a donor card or positive photo ID (i.e. passport, driver's license) upon donation.*

**PLEASE TURN OVER**

**TO BE COMPLETED BY SPONSOR(S)**

**Name of Sponsoring Organization paying registration fee of \$375 (If More Than One Sponsor, List Them By Primary Sponsor First):**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Primary Sponsoring Organization's Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Sponsoring Organization's Email Address:</b>
--------------	---------------	-------------	---

<b>Sponsoring Organization's Telephone Number:</b>	<b>Sponsoring Organization's Fax Number:</b>
--	--

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

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

<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Contact Person's Telephone Number:</b>
--------------	---------------	-------------	---

<b>Contact Person's Email Address:</b>	<b>Contact Person's Fax Number:</b>
--	-------------------------------------

<b>Alternate Delegate's Name (First, Middle Initial and Last):</b>	<b>Date of Birth:</b>	<b>T-Shirt Size (Circle One):</b> <b>S M L XL 2X 3X</b>
--	-----------------------	--

**Home Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Name of Hometown Newspaper and Address:</b>
--------------	---------------	-------------	--

<b>Home Telephone Number:</b>	<b>Delegate Cell #:</b>	<b>Delegate Email:</b>
	<b>Parent Cell #:</b>	<b>Parent Email:</b>

<b>Signature of Delegate:</b>	<b>Date:</b>
-------------------------------	--------------

<b>Signature of Parent/Guardian:</b>	<b>Date:</b>
--------------------------------------	--------------

Feel free to copy this application, download from the Michigan Legion website  
 (www.michiganlegion.org/boysstate) or call Ashley Zimmer for more copies at 517-371-4720 ext. 23

**Send completed application with registration fees (\$375 per boy) to:**  
**American Legion, Department of Michigan**  
**Attn: Boys State Program**  
**212 North Verlinden Avenue, Ste. A Lansing, MI 48915**