



# THE AMERICAN LEGION

## Department of Delaware



### Boys State Application

**Name**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name Tag Name (First & Last): \_\_\_\_\_

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 \_\_\_\_\_ XXXXL \_\_\_\_\_

**Email completed Form to:** axeman60@comcast.net **OR Mail to:** Michael Havel, Boys State Chairman  
P. O. Box 930  
Seaford, DE 19973-0930