

DEPARTMENT

THE AMERICAN LEGION

BOYS STATE OF LOUISIANA, INC.

APPLICATION FOR ADMISSION

No. _____

Date _____

All cards must be mailed to District Procurement Chairman

Name _____
(Print) Last First Middle Email

Mailing Address _____
Street City Zip Code

Home Phone _____ Age _____ H.S. Grade Completed _____
Area Code

Name of School _____ Parish _____

Name of Parent _____

Patron _____

Patron's Address _____
Street City Zip Code

Submitted by Post No. _____ Shirt Size _____

Applicant's Signature Signature of Authorized Legion Representative

List any handicaps you have on back of card; hearing impaired, etc.

List any handicaps:

Alternates:

_____	Name	_____	Phone Number
_____	Name	_____	Phone Number
_____	Name	_____	Phone Number