

<p>Please send your completed registration with fees to:</p> <p>The American Legion Boys State of Kansas Leadership Academy PO BOX 8176 Wichita KS 67208-8176 (866) 241-9920 – Toll Free (316) 858-3680 – Fax troy.fowler@ksbstate.org www.kansasboysstate.org</p>	<p style="text-align: center;">Registration Due: March 31, 2017</p> <p style="text-align: center;">Registrations received after this date will still be considered. Secure a spot by registering on-line at www.kansasboysstate.org</p> <hr/> <p style="text-align: center;">Session Dates: June 4 – 9, 2017</p>
--	--

APPLICANT: PLEASE PRINT OR TYPE - Requirements: Must be a junior in high school in the top half of your class and be involved in extra-curricular activities in your school and community. **A verification signature by a school official is required on the back of this form.**

Applicant First Name ☞	Applicant Last Name ☞	Control Number (For Office Use Only) ☞
------------------------	-----------------------	---

Primary E-mail account: A confirmation e-mail and an information packet will come by e-mail, so a valid account is critical. Print legibly! We only send emails to one account per delegate. Please add troy.fowler@ksbstate.org as a contact to **your primary account** to avoid information going to a junk mail folder (**especially if you use GMAIL**). This account can be a parent's, guardian's or school counselor's. You will not receive many emails but it should be checked regularly. **We recommend that you NOT use a school email address.** ☞

Home Mailing Address ☞	Date of Birth ☞ (mo/day/year)	T-Shirt (S M L XL 2XL 3XL)☞
------------------------	----------------------------------	-----------------------------

City ☞	State ☞	Zip ☞	Name of hometown newspaper ☞
--------	---------	-------	------------------------------

High School (Provide complete school name) ☞	Religious Affiliation (OPTIONAL) ☞
--	------------------------------------

Do you have any medical needs? (Please describe or attach page with information. NOTE: once accepted you will receive a medical form.) ☞	Applicant Cell Phone Number ☞ () - -
	Is this phone a Smartphone (Yes or No)? _____

Please rate the degree to which you agree or disagree with the following statements.
 Please respond by using this scale: 1 - Strongly Agree 2 – Agree 3 – Disagree 4 - Strongly Disagree

- ___ 1. The reduction of government bureaucracy is more important than preservation of the services it provides.
- ___ 2. Wealthy people should be taxed at a higher percentage than poor people.
- ___ 3. The government should provide for those who cannot provide for themselves.
- ___ 4. Affirmative action policies result in more harm than good.
- ___ 5. The freedom of speech, when in conflict with other rights, should be protected above all others.

• BY SIGNING THIS FORM, I GIVE PERMISSION FOR MY PICTURE AND/OR VOICE AND/OR SIGNED, WRITTEN COMMENTS TO BE USED IN THE PROMOTION OF THIS PROGRAM IN VIDEO, IN PRINT AND ON THE INTERNET. I AGREE TO ALLOW MY DEMOGRAPHIC INFORMATION TO BE SHARED WITH COLLEGES, OR OTHER INSTITUTIONS, ATTENDING THE COLLEGE FAIR. I AGREE TO ATTEND THE PROGRAM AND REIMBURSE MY SPONSOR IF I FAIL TO ATTEND AND DO NOT CANCEL BY THE REFUND DEADLINE. I AGREE TO ABIDE BY ALL OF THE RULES AND GUIDELINES OF THE AMERICAN LEGION BOYS STATE OF KANSAS.

* Signature of applicant _____ Date _____

* Signature of parent/guardian _____ Date _____

- NOTE 1: To be processed, this registration form must be signed and dated by applicant and their parent/guardian.
- NOTE 2: No refunds will be offered after May 1, 2017
- NOTE 3: Send **this** original form with information and signatures, do not send a photocopy.
- NOTE 4: It is a good idea, but not required, to keep a photocopy of this form, once completed, for your files

Applicant Name: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Name (of Parent/Guardian) ☞ _____

Home Phone ☞ _____

Work Phone ☞ _____

Cell Phone ☞ _____

Address ☞ _____

City ☞ _____

State ☞ _____

Zip ☞ _____

In case of emergency (**assuming your parent/guardian is NOT available**) please contact: ☞ Emergency Contact Phone Number ☞ _____

TO BE COMPLETED BY APPLICANT AND SPONSOR

Please make checks payable to The American Legion Boys State of Kansas

APPLICANT'S FEE	(Pays for t-shirts, yearbook, & administration fees)	\$ 50
SPONSOR'S NAME (as it will appear on Thank You certificate)	COMPLETE MAILING ADDRESS OF SPONSOR	AMOUNT
	TOTAL DUE FROM SPONSOR(S)	\$275
	TOTAL DUE WITH REGISTRATION (\$275 SPONSOR FEE + \$50 APPLICANT FEE)	\$325

Note: Virtually anyone, including your parents, may sponsor you to attend Boys State. In addition to families, delegates have been sponsored by American Legion Posts, civic organizations, businesses, clubs and other interested individuals.

FOR SCHOOL AND SPONSOR SIGNATURES

High School Official Verification _____

Sponsor (if other than parent) _____

Post Official Signature (if also sponsor) _____

Title and Post # _____ Legion Dist. # _____

Please feel free to photocopy this registration form for the 2017 session or call us for more copies.