



PARTICIPATION FORM COVERSHEET

School Name as Registered on Website: _____

School Contact Name: _____

School Contact Phone Number: _____

School Contact Email: _____

Number of Students Submitted from the School: _____

School Mailing Address: _____

Have the following been done for each of the delegates?

1. Each Student registered on the Boys State Registration Website (including alternates)
2. Universal Form Completed and Uploaded to the Registration Website
3. Check attached for delegate's registration
4. All Alternates included on the Participation List (no payment needed)

Return coversheet and participation list to AR Boys State Headquarters

Arkansas American Legion
Boys State Program
P.O. Box 3280
Little Rock, Arkansas 72203

