



AMERICAN LEGION ARKANSAS BOYS STATE



P.O. Box 3280
Little Rock, AR 72203



501.725.1258



info@arboysstate.org
www.arboysstate.org

CHECK REGISTRATION PAYMENT FORM

This form is only necessary for sponsors submitting payment via check.

STEP 1: Complete the sponsor information below.

| SPONSOR INFORMATION | |
|--|---|
| Name of Organization/Individual Submitting Payment: | What type of organization is submitting payment? <input type="checkbox"/> School / District <input type="checkbox"/> American Legion Post <input type="checkbox"/> Local Business <input type="checkbox"/> Individual / Other |
| Mailing Address (Street Address, City, State, Zip Code): | |

| SPONSOR PRIMARY CONTACT INFORMATION | |
|--|--------------------------------------|
| Primary Contact Title (Counselor, Parent, Legionnaire, Businessowner, etc.): | Primary Contact First and Last Name: |
| Primary Contact Phone Number: | Primary Contact Email Address: |

STEP 2: On the invoice above, highlight or circle the name(s) and Delegate ID Number(s) of the student(s) for whom you are paying.

If you are not submitting payment for all students listed above, your total amount due can be calculated by multiplying the numbers of students for whom you are paying by \$250 (e.g., 3 students x \$250 = \$750 total amount due).

STEP 3: Send the check, invoice (page one), and this completed form to: Arkansas Boys State P.O. Box 3280 Little Rock, AR 72203

Once we receive and process your check, you will receive a confirmation email. Questions about the payment process can be sent via email to info@arboysstate.org.