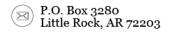
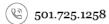
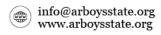


AMERICAN LEGION ARKANSAS BOYS STATE







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 Submittir	ng Payment:	What type of organization is submitting payment? School / District American Legion Post Local Business Individual / Other
Mailing Address (Street Address, City, Sta	ate, Zip Code):	
SPON	ISOR PRIMARY CONTACT I	NFORMATION
Primary Contact Title (Counselor, Parent, Legionnaire, Businessowner, etc.):	Primary Contact First and La	st Name:
Primary Contact Phone Number:	Primary Contact Email Addre	ess:

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.