

2017 BOYS' STATE APPLICATION CHECKLIST

<u>NAME OF POST OR COUNTY</u>		<u>CHECKLIST</u>	<u>APPLICATION</u>	<u>CERTIFICATION STATEMENT</u>			<u>COMMITMENT STATEMENT</u>		<u>PHYSICAL EXAM FORM</u>			<u>FEE</u>
DELEGATE		<i>a. Attached</i>	<i>a. All Lines Completed</i>	<i>Alternate/ Delegate</i>	<i>b. School Official Signature</i>	<i>c. County Chairperson Signature</i>	<i>a. Parent Signature</i>	<i>b. Notarized</i>	<i>a. All Lines Completed</i>	<i>b. Physician Signature</i>	<i>c. Parent Signature</i>	<i>\$350</i>
LAST NAME	FIRST NAME	X	X	A / D	X	X	X	X	X	X	X	X