The American Legion
EVERGREEN
BOYS & GIRLS STATE

EBGS Sponsor Payment Transmittal Form

Post Name:_____ Post #:_____District #: _____

Post Boys & Girls State Contact Person: _____

Phone #:_____ E-Mail: _____

Please select:

☐ Enclosed is a check in the amount of $_____for the delegate(s) listed below.

☐ We do not wish to select delegates for this year's program but would still like to be a sponsor. We have enclosed a check in the amount of $_____.
(The EBGS Office will choose students on your behalf and let you know once they have been selected)

☐ We wish to help with funding for administrative expenses for this year's program (delegate manuals, supplies & T-Shirts). We have enclosed a check in the amount of $_____.

Please list the name, high school, and delegate ID # (if known) of the delegate(s) your Post has agreed to sponsor along with the amount to be applied for each delegate. Additional delegates may be listed on the back of this form if necessary. Write checks out to "Evergreen Boys & Girls State" please.

Student Name	**High School**	**Delegate ID #** (if known)	**Amount to be applied**

If you have any delegates your Post is not financially able to sponsor, please list them below, and attach their completed registration form. We will match them with another Post for funding.

Student Name	**High School**	**Delegate ID #** (if known)

Please send this completed form along with your check to:

Evergreen Boys & Girls State
Department of Washington
PO Box 3917
Lacey, WA 98509-3917