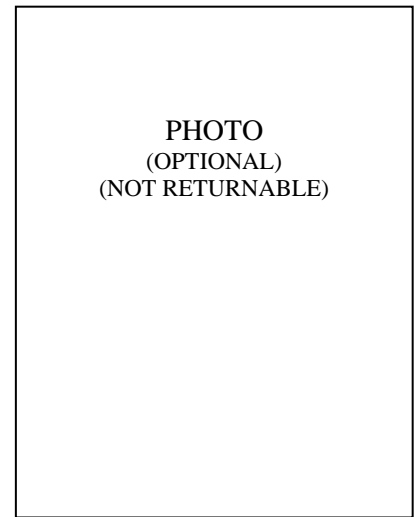


Date Rec'd: \_\_\_\_\_  
Check #: \_\_\_\_\_ Amount: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
For office use

# \_\_\_\_\_



**NORTH CAROLINA  
STUDENT TROOPER  
PROGRAM APPLICATION  
JULY 26-31, 2020**

**Application Deadline: July 30, 2020, or until full.**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
Street

HOME PHONE ( ) \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

or  
EMAIL \_\_\_\_\_ LEARNERS PERMIT # \_\_\_\_\_

PARENT (GUARDIAN) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
Street

PHONE Home ( ) \_\_\_\_\_ Work or Cell ( ) \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADE JUST COMPLETING: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE School ( ) \_\_\_\_\_ DATE OF PLANNED GRADUATION \_\_\_\_\_

**SPONSORING AMERICAN LEGION POST (Must Be Completed)**

*Please note: Sponsoring post assumes responsibility for student's attendance, including submitting a properly completed application and physical form, transportation to and from the training center and tuition fees. Contact post for further details.*

POST NAME \_\_\_\_\_ POST # \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POST CONTACT PERSON: \_\_\_\_\_  
Print Name Signature of contact person

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

(PLEASE SEE REVERSE)

UNIFORM SIZE:	T-SHIRTS	SM	MED	LG	XL	XXL
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SHORTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY CONTACT:**

PARENT(S) OR GUARDIAN(S) NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NO'S: \_\_\_\_\_ (WORK) \_\_\_\_\_ (HOME)

**PERMISSION TO ATTEND** *(Signatures Required)*

I, \_\_\_\_\_, acknowledge and accept my obligations and responsibilities as a student to the American Legion Student Trooper Program of North Carolina. I further agree to uphold the principles of this outstanding program and abide by all rules and regulations. I agree to participate with dedication, respect, and enthusiasm in all phases of training that is required.

Delegates Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN PERMISSION**

We have discussed the objectives, rules, regulations, and expectations of this excellent program with the American Legion Post officials and our son/daughter \_\_\_\_\_. We are pleased that he/she is being offered this opportunity and he/she has our permission and our full support to attend The American Legion Student Trooper Program held at NC Highway Patrol Training Center in Raleigh, July 26-31, 2020. We understand that no exceptions will be made for special medical or physical requirements.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_