

EBS Sponsor Payment Transmittal Form

Post Name:	Post	: #:	District #:	
Post Boys State Contact Person:				
Phone #:	E-Mail:			
Please select:				
\Box Enclosed is a check in the amoun	t of \$f	or the boy(s)	listed below.	
We do not wish to select boys for enclosed a check in the amount of (The EBS Office will choose boys on yo	of \$		·	ave
 We wish to help with funding for & T-Shirts). We have enclosed a c 	•	-		plies

Please list the name, high school, and delegate ID # (if known) of the students your Post has agreed to sponsor along with the amount to be applied for each student. Additional students may be listed on the back of this form if necessary.

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

If you have any students 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 State Department of Washington PO Box 3917 Lacey, WA 98509-3917