

Leadership Camp Application
Sponsored by The American Legion and The Sons of The American Legion
June 27 to July 1, 2025
Friday, Noon – Tuesday, 11:00 a.m.
Camp Boothe
Greenpond, Alabama 35074

Name: _____ DOB: _____ Age: _____

Address: _____

Phone: _____ Emergency #: _____

Grade: _____ Shirt size: _____ Email: _____

Squadron Name and Number: _____

Your Favorite Activities:

I, the undersigned parent/guardian of _____

In the consideration of the instruction and training given to my son/ward at Leadership Camp, hereby discharge The American Legion, The American Legion Auxiliary, the officers, instructors, and employees from any and all claims, demands, or cause of action I may have the reason of illness, injury, or accident incurred or suffered by said son/ward while attending said Leadership Camp no matter how caused or occasioned.

Signature: _____ Date: _____

(Parent or Guardian)

Contact #: _____ Email: _____

Address if different from above: _____

This application and registration fee of \$160.00 must be mailed to The American Legion, P O Box 1069, Montgomery, Alabama 36101 no later than June 14th. Please include a small photo and copy of insurance card if applicable. Please send a copy of the application to Gloria Haygood, P. O. Box 630, Montevallo, Alabama 35115. If you have any questions, please do not hesitate to call Gloria Haygood at 205-531-9227.