



# AMERICAN LEGION 22<sup>nd</sup> DISTRICT

## 2019 Boys State Transportation Charter Bus Waiver Form

**Return To:** Jimmy Mitchell Post 77 Boys State Chairman  
P. O. Box 1167  
Fresno, Texas 77545

Cell: 832-758-2814  
Home: 281-431-3068  
Email: [bonnieand jim@aol.com](mailto:bonnieandjim@aol.com)

**SUBJECT: 2019 Boys State Charter Bus Transportation Waiver**

This is to certify that my son (Name) \_\_\_\_\_, who attends \_\_\_\_\_ High School, will be attending Boys State at the University of Texas on Sunday, June 9, 2019 thru Friday, June 14, 2019. Son's cell phone number \_\_\_\_\_.

.....  
**TRANSPORTATION FROM HOUSTON, TEXAS TO AUSTIN, TEXAS ON SUNDAY, JUNE 9, 2019.**

**(Check one below)**

\_\_\_\_\_ My son **WILL** be provided transportation on the American Legion Chartered Bus to the University of Texas in Austin, Texas on Sunday, June 9, 2019.

\_\_\_\_\_ My son **WILL NOT NEED** transportation to the University of Texas in Austin, Texas on Sunday, June 9, 2019. I will be taking him or he will be driving himself to the University of Texas in Austin, Texas.

If **WILL NOT** is checked Parent/Guardian will assume all responsibility for transporting and seeing to it that he arrives at the University of Texas in Austin, Texas in time to be registered by 12:00 a.m. on Sunday, June 9, 2019.

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**RETURN TRANSPORTATION FROM AUSTIN, TEXAS TO HOUSTON ON FRIDAY, JUNE 14, 2019.**

**(Check one below)**

\_\_\_\_\_ My son **WILL** be provided return transportation on the American Legion Chartered Bus from the University of Texas in Austin, Texas to Houston, Texas on Friday, June 14, 2019.

\_\_\_\_\_ My son **WILL NOT NEED** return transportation from the University of Texas in Austin, Texas to Houston on Friday, June 14, 2019. I will be responsible for picking him up and returning him to Houston, Texas or he will drive himself back to Houston, Texas.

\_\_\_\_\_  
**Signature of Parent/Guardian**                      **Print Name**                      **Date**  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_

**Please return signed copy to Jimmy Mitchell ASAP or before April 9, 2019 to the above email address.**