

MICHIGAN DeMOLAY STATE OUTSTANDING RITUALIST QUESTIONNAIRE

CHAPTER NAME: _____ DATE SUBMITTED: _____

CHAPTER INSTALLATION DATE (MONTH / DAY / YEAR): _____

OUR CHAPTER OUTSTANDING RITUALIST IS:

NAME (First / Middle / Last): _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE No. {HOME} (WITH AREA CODE): _____ {CELL} _____

DeMOLAY's BIRTHDATE (Month / Day/ Year): _____ Age _____

****Note: DeMolay member must not have reached his twenty-first (21st) birthday on or before the last day of Conclave, to be eligible to compete for the State Outstanding Ritualist competition.**

Email: _____

CHAPTER OFFICES HELD (Past and Present): _____

STATE OFFICES HELD (Past and Present): _____

DeMOLAY HONORS AND AWARDS RECEIVED (Include Heartland Ritual Tournaments): _____

Will your Chapter Outstanding Ritualist compete in the State Outstanding Ritualist competition? (CHECK ONE) YES NO

PERSON TO CONTACT FOR ADDITIONAL INFORMATION:

CHAPTER 'DAD' ADVISORS NAME (PRINT): _____

CHAPTER 'DAD' ADVISORS NAME (SIGNATURE): _____

DATE SIGNED (Month / Day/ Year): _____

PHONE No. {HOME} (WITH AREA CODE): _____ {CELL} _____

Email: _____

The "STATE OUTSTANDING RITUALIST QUESTIONNAIRE" form MUST be sent no later than JUNE 1st following your Chapter Spring Term Installation, to . . .

DAD VINCE D'AGUANNO
EXECUTIVE OFFICER
MICHIGAN DeMOLAY
46581 STRATHMORE RD.
PLYMOUTH, MI 48170-3436

Or By Email: daguannov@comcast.net