

Event Registration

Chapter/Court/Bethel/Assembly	Address
City	E-mail
Date	Contact Name and Phone Number Name () -

Majority Service

Name	Birthdate

Memorial Service

Name	Title

Tug – O – War

(A team must consist of 5 members and a person may only participate on one team)

Chapter	Team Members

Sweetheart _____ Escort _____

Our Sweetheart **WILL** **WILL NOT** be a candidate for State Sweetheart.